



REQUEST FOR CARD

Date of Request: _____

Employee requesting card: _____ Dept.: _____ Ext.: _____

Employee to be sent card: _____ Dept.: _____

Reason for card to be sent: **(Check/circle all that apply)**

Marriage

New Baby (boy or girl)

New Grandbaby (boy or girl)

Illness/Surgery

Retirement

Sympathy (Loss of Immediate Family)

Does card need to be sent to: (Please check one)

Home

County Office (Dept _____)

****NOTE****

Sympathy: (Name and/or relationship of Family Member who passed)

Sympathy Card (of Employee's Passing) will be sent to Immediate Family Members Only

Send to: (Name of Immediate Family Member)

Relationship to Employee: _____

Address: _____

Thanks for your request - a card will be sent out promptly.

Please send this request to employees.committee@mctx.org

RESET FORM