

N.C. Lower Piedmont Area*P.H.A.

Sick and Distressed Reporting Form:

Please complete this form and return it to the Lower Piedmont Area Sick and Distressed Committee two weeks prior to the scheduled Area meeting. Please mail or email this form to the contact person listed below.

Consistory #	NC
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Consistory / Assembly: Number: City, State, Zip:

Phone: () - (Date) / /2020
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Commander-in-Chief / Loyal Lady Ruler:

Name (Title): Address: City / State: Zip Code: Status:

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

Committee Contact:

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