Please send completed forms to the ENVSC Office at vets@elks.org, or fax it to 773-755-4737.
LEATHER GLOVE ORDER FORM

DATE: __________________________

NAME: ____________________________________________________________________
(VAVS Representative or Deputy Representative at VAMCs or State Homes)

ADDRESS: __________________________________________________________________________
(Mailing Address - NO P.O. BOXES)
________________________________________________________________________
(City) (State) (Zip)

PHONE: ____________________ EMAIL: _________________________________

VAMC OR STATE VETERANS HOME

NAME OF FACILITY: ____________________________________________ NO. OF BEDS: ______

ADDRESS: __________________________________________________________________________
(Mailing Address - NO P.O. BOXES)
________________________________________________________________________
(City) (State) (Zip)

CONTACT PERSON: __________________________________________________________________
(Name and Title)

PHONE: ____________________ EMAIL: _________________________________

WHEELCHAIR GLOVE ORDER
(Limit -- 24 per order)

NUMBER OF GLOVES REQUESTED

_______ Small
_______ Medium
_______ Large
_______ Extra Large

Printed Name: __________________________________________________________

Signed: __________________________ DATE: __________________________

Chief, Occupational Therapy/Recreational Therapy
Or Manager of State Home or Other Facility

Please send completed forms to the ENVSC Office
at vets@elks.org, or fax it to 773-755-4737.

Revised JULY/2021