

SAFEWAY COMPANIES EMPLOYEE ASSOCIATION  
PORTLAND DIVISION

[www.onlinescea.com](http://www.onlinescea.com)

Revised February 2010



**SERIOUS ILLNESS/HOSPITALIZATION  
GIFT REQUEST FORM**

Date: \_\_\_\_\_ Print your name: \_\_\_\_\_

Please check: \_\_\_\_\_ I am the SCEA Advisor

\_\_\_\_\_ I am the Assistant SCEA Advisor

\_\_\_\_\_ Other (explain) \_\_\_\_\_

Store or Facility # \_\_\_\_\_

*Note:* All gifts are sent to the SCEA Advisor for presentation to the entitled SCEA Member.

Print SCEA Member's name: \_\_\_\_\_

Did you confirm the SCEA Member's current status?

Yes, the person is a member \_\_\_\_\_ (initial)

Unable to determine \_\_\_\_\_ (initial)

Complete this form and FAX to the SCEA Office @ 503-557-4004

or use company mail: SCEA Office, Portland Division

Expect a two week turn-around. For questions, please contact Jean @ 503-657-6265



For Office Use: Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ By: \_\_\_\_\_