**Flying Pig Health Grant Reimbursement Form**

All information needs to be sent via email, or mail to Mary Beth Donelan. [donelanmb@yahoo.com](mailto:donelanmb@yahoo.com) 6520 Bracken Ridge Ave Cincinnati, Ohio 45213. If you need help filling out the form, call Mary Beth Donelan 513-708-5376 . The committee will approve requests once a month or more, as needed. Joyce Asher will send out reimbursements via check and keep a spreadsheet of grants awarded. A member is allowed to submit one form per calendar year, Jan-Dec.

Ideas for the reimbursements include but are not limited to the following:

Fitbit, WW membership (formerly Weight Watchers), a fitness class, exercise equipment, a registration fee for an event in which you are participating. If there is something you want to try, give it a go. Maybe you will like it so much you are hooked!

Need help trying to navigate your choice? Reach out to Joyce Asher 513-470-8374 or Mary Beth Donelan 513-708-5376 and they will try their best to help you narrow your choices.

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**FLYING PIG HEALTH GRANT**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH PRODUCT OR SERVICE REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dollars requested (max amount allowed $200/ member) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INCLUDE A RECEIPT, NO REIMBURSEMENT WILL BE MADE WITHOUT PROOF OF PAYMENT.**