



VETERANS LEATHER PROGRAM
384 County Road 852, Elizabeth, AR
72531-9603 Phone: (870) 488-5786

E- Mail: kdmc1714@gmail.com

Dennis McAleese, Chair

**VETERANS LEATHER PROGRAM
LEATHER 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: _____

LEATHER ORDER

	NUMBER OF PIECES	COMMENTS (Type of Animal)
Skin	_____	_____
Hide	_____	_____

Printed Name: _____

Signed: _____ DATE: _____

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

FOR OFFICE USE ONLY
Order Number: _____
Date: _____

Revised JULY/2021

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



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VETERANS LEATHER PROGRAM
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

FOR OFFICE USE ONLY	
Order Number:	_____
Date:	_____

Printed Name: _____

Revised JULY/2021

Signed: _____ DATE: _____
Chief, Occupational Therapy/Recreational Therapy
Or Manager of State Home or Other Facility

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at vets@elks.org, or fax it to 773-755-4737.**