



Elks National Veterans Service Commission  
2750 N Lakeview Ave, Chicago, IL 60614  
Phone: 773-755-4736

Email: [Vets@elks.org](mailto:Vets@elks.org)  
FAX: 773-755-4737

### 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

<b>FOR OFFICE USE ONLY</b>	
Order Number:	_____
Date:	_____

Revised JULY/2021

**Please send completed forms to the ENVSC Office  
at [vets@elks.org](mailto: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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