

SAFeway COMPANIES EMPLOYEE ASSOCIATION
PORTLAND DIVISION

www.onlinescea.com

Revised February 2010



MEMORIAL 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)

_____ Death in Immediate Family Mother ___ Father ___ Sister ___ Brother ___ Child ___ Spouse ___

***SCEA Advisor.....please note: **When a SCEA Member passes away**, the **surviving** family has a choice of a \$50 retail value floral arrangement or deli tray from a Safeway Store. Include a gift card indicating the memorial gift is from the SCEA Members.

Call for authorization for Floral arrangement or Deli tray(s) 503-657-6265. Item must go through check-stand on training mode. Pick Up and Correction Form (F120) and receipt are **required** by SCEA and NASC. Submit paperwork to SCEA Office for processing and credit.

_____ SCEA Member Death

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 time. For questions, please contact Jean @ 503-657-6265



For Office Use: Date Received: _____ Date Processed: _____ By: _____