

# NISLY BROTHERS, INC.

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***We Keep You Looking Good!***

## Nisly Good Samaritan Fund

This is a fund set up for those in need of services but unable to pay. If you, or someone you know, needs help to pay for one of our services, please fill out the information below and submit it for our consideration.

An individual or organization may:

- 1) Request up to \$200 credit
- 2) Apply as often as 4 times per year
- 3) Qualify no more often than once every 24 months.



Recipients will be selected the first month of each quarter.

The idea for this fund came out of the generosity of one of our customers who helped out a driver and refused to accept payment. Instead, he asked that we pass that money on to someone who needs it. As we discussed how to distribute these funds, we decided to set up an ongoing fund for those in need.

Date \_\_\_\_\_  
Name of person filling out this form \_\_\_\_\_ Daytime phone # \_\_\_\_\_  
Person or Organization to receive credit \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Type and quantity of service or \$ amount requested \_\_\_\_\_  
Reason for request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Office Use Only

Date Received \_\_\_\_\_  
Received by \_\_\_\_\_  
Action taken \_\_\_\_\_  
Approved by \_\_\_\_\_