



Nikkei Seniors  
Health Care &  
Housing Society

## Japanese Canadian Survivors Health & Wellness Fund

### Survivor Endorsement

For use with Organization and Small Group applications.

**Survivor Name** (and family name if you changed your given name):

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**Survivor Address:** \_\_\_\_\_

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**Survivor Email:** \_\_\_\_\_

**Survivor Phone:** \_\_\_\_\_

**During 1942 to April 1, 1949, where did you live? List locations.**

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**I am acknowledging my support of this Grant Application and will directly benefit from the Project as will other JC survivors.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_