



*This Fund was created by philanthropist Anna T. Jeanes and given to Green Street Meeting to encourage the practice of cremation. Since 1922, Green Street Monthly Meeting has made grants available toward cremation costs of any member of the Yearly Meeting.*

*On August 1, 2017, Green Street Monthly Meeting Trustees transferred the fund to the stewardship of Philadelphia Yearly Meeting.*

**PURPOSE**

The Anna T. Jeanes Cremation Fund is available to reimburse cremation costs of members of all Monthly Meetings of Philadelphia Yearly Meeting.

**WHO CAN APPLY?**

Application may be made by Monthly Meeting pastoral care committees, family members, administrators or executors for a deceased member of Philadelphia Yearly Meeting.

**GRANT SIZE**

Reimbursement maximum is \$800.

**APPLICATION**

Download application form from PYM website at <https://www.pym.org/grants/anna-t-jeanes-cremation-fund/>, or request it from [grants@pym.org](mailto:grants@pym.org), or call 215-241-7218.

Application requires 1) receipted bill for cremation from crematory or funeral home, 2) copy of death certificate, and 3) name of Meeting of which the deceased was a member at the time of death.

Completed application and two other required documents may be submitted by e-mail or via US Post Office.

**DEADLINE:**

Apply within one year after the member's death, after cremation costs are paid and once required documents are available.



## Anna T. Jeanes Cremation Fund Application Form

1. Name of deceased member: \_\_\_\_\_ 2. Date of birth: \_\_\_\_\_  
 3. Member's Meeting at time of death: \_\_\_\_\_ 4. Date of death: \_\_\_\_\_  
 5. Place of cremation: \_\_\_\_\_ 6. Date of cremation: \_\_\_\_\_

7. If request is granted, payment should be made to: \_\_\_\_\_  
*Payee (person who paid cremation costs)*

8. Relationship to deceased: \_\_\_\_\_

9. Address: \_\_\_\_\_  
Street City State Zip

10. Payee phone: \_\_\_\_\_ 11. Payee e-mail: \_\_\_\_\_

**12. Attachments:** *REQUIRED*

- receipted bill for cremation from funeral home or crematory.
- copy of death certificate

**Signed by** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

Signer's phone: \_\_\_\_\_ and e-mail: \_\_\_\_\_

*Please check all that apply:*

- Clerk of Care Committee    Member of immediate family    Nearest relative    Administrator    Executor

**Comments:** *Please attach cover letter if more space is needed.*

**Applications may be e-mailed to: [grants@pym.org](mailto:grants@pym.org)**

**or mailed to: Anna T. Jeanes Cremation Fund**

**c/o Director of Grant Making, Philadelphia Yearly Meeting 1515 Cherry Street, Philadelphia, PA 19102**