



KIDS AND CANCER ORGANIZATION

Donation Request Application

Patient Information

(All fields required)

Full Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Official Diagnosis: _____

Description of Illness (or Injury): _____

Contact Information

(If different from patient information)

Full Name: _____ E-mail: _____

Address: _____

City, State, Zip: _____

Phone #: (land/cell): _____

Request For Assistance

Please indicate if you have a preference where you would need assistance:

- _____ Co-pay not covered by insurance *(submit a copy of the unpaid bill with application)*
- _____ Payment towards a doctor visit or treatment facility *(submit a copy of the unpaid bill with application)*
- _____ Medicine/Pharmacy *(submit a copy of the unpaid bill with application)*
- _____ Gas card to assist with travel expenses for medical appointments
- _____ Other* *(please describe request in detail and submit a copy of the unpaid bill with application)*

* This can be an unpaid home utility bill, a mortgage payment, rent payment, etc.

I am submitting this application on behalf of _____ who has been diagnosed as stated above and requires assistance with the costs associated with treatment. I agree that by submitting and signing this request that all information contained herein is accurate and true to the best of my knowledge.

Signature of Adult Patient	Signature of Requestor (if a minor)	Date
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Publicity Release

Kids & Cancer organization, with the help of many volunteers and donors, is honored to be able to assist families facing financial hardships due to pediatric cancer and other life-threatening illnesses. We respectfully request the usage of your name and/or photo in releases such as Facebook, newspaper, and/or at our public events. This is not mandatory.

- _____ I give permission to the Kids & Cancer organization to use my name and photo for media recognition.
- _____ I **do not** give permission to Kids & Cancer organization to use my name or photo for any media purpose.

Signature of Adult Patient	Signature of Requestor (if a minor)	Date
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Mail this application and supporting documents to: Kids & Cancer, P.O.Box 1299, Bradford, PA 16701

Visit: www.kidsandcancerbenefitrun.com • Kids and Cancer Benefit