

 **Joey Powers Leukemia Project**

 **Fighting Pediatric Leukemia**

 **“Don’t Be Afraid To Ride The Thunder” – Joey Powers**

 **Joey Powers Leukemia Project Financial Assistance Request Form**

 **Please fill out the form below completely to expedite the request.**

 **If you have any questions, please contact us at (941) 549-0594.**

 **PATIENT INFORMATION Request Date\_\_\_/\_\_\_\_/\_\_\_\_**

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| **Patient Name: D.O.B.** |
| **Parent/Guardian Name: Home phone:** |
| **Street Address: Work phone:** |
| **City/State/Zip: Cell phone:** |
| **Patient is currently being followed for:** |
| **Has family requested assistance in the past? \_\_\_\_yes \_\_\_\_no If yes, when:** |
| **List any agencies you have contacted to assist with this request:** |
| **You must include a copy of the bill or invoice in order for payment to be made.****(Maximum of $500 per family per year)** |
| **Amount being requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please fill out form below:** |
| **Requested for:** |
| **Mailing address:** |
| **City/State/Zip** |
| **Account #: Phone:** |
| **Please fax your request to: (800) 860-9501 Attention: Grant Committee OR****Mail to: Joey Powers Leukemia Project, P.O. Box 20998, Bradenton, FL 34204** |
| **Your Name/Title:** |
| **Phone: Fax:** |
| **Signature** |