



**APPLICATION FOR ASSISTANCE**

The Pink Tie Affair accepts only printed and signed applications. Please print this form as indicated below with as much information as possible. Please include a letter from your doctor stating the type of treatment you are currently receiving and how long you have been in treatment. This letter must be on the doctor's letterhead and signed with the doctor's original ink signature. Photocopies or faxes will not be accepted. Please use back of application if more room is needed, sign and mail to:

Lauren Emge, 403 Lexie Way, Jefferson Hills, PA 15025

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**How Were You Informed About The Pink Tie Affair Organization?**

\_\_\_\_\_  
\_\_\_\_\_

Please give us some general information as to why you feel you should receive financial help from the Pink Tie Affair. Please provide your current health issues and what your financial support needs are.....insurance, hospital bills, etc.

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\_\_\_\_\_  
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Your signature below will give us authorization from you to inform others that we have helped you and in what capacity. You will be notified asap of the status of your request. Although all applications will be considered, please be aware that due to the number of applications received and the amount of donations received for any certain time period, not all applicants will receive financial support. You may receive a call from an officer of PTA if any additional information is needed.

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DATE PLEASE SIGN HERE