Freestone Cancer Support Group

Application for Assistance for

Travel Expenses during Treatment

Name: _____ Phone#:_____

Address: _____ Email: _____

Type of Cancer _____

Type of Treatments – Radiation/Chemo/Etc. _____

_____

Where will you have treatments and how many? _____

_____

What are your basic needs during treatments? (Driver to treatments, meals while recuperating from treatments, financial, etc.)_____

_____

Please provide any information you would like to share with FCSG:

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(Use back of this page if necessary)

Information provided by: _____ Date _____

Please return this page to: **Freestone Cancer Support Group, P.O. Box 1522, Fairfield, TX 75840**

FREESTONE CANCER
SUPPORT GROUP