



Date _____ Incomplete Applications will not be accepted/approved

Documentation Required:

First page of most recent After Visit Summary Report from Physician/Clinic that includes your name and diagnosis.

Name of person making request _____

Phone _____

Relationship to Cancer Patient _____

Cancer Patient Name _____

Patient Address _____

City, State, Zip Code _____

Date of Birth & Phone Number _____

Email Address _____

If Minor -Guardian Name _____ Phone # _____

Cancer Diagnosis _____ Date _____

Oncologist Name _____ Clinic _____

Date of Last treatment _____

Family at Home Caregiver Name _____

Caregiver Address _____

City, State, Zip _____

Other information _____

How did you hear about us? _____

Application can be emailed to: gumbysclub@gmail.com or mail application to:

Lindy Lukes 2519 Kellner St., Manitowoc, WI 54220

Applications will be reviewed at our monthly committee meetings the 2nd Monday of the month.

Updated 6/3/2025