

# The Paisley Mae Foundation Gift Application

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Please complete this application and submit with all required attachments. Gifts are limited based on the availability of funds. Submit completed application form to [bob@wehavetoday.org](mailto:bob@wehavetoday.org)

## Parent/Guardian Contact Information

First Name	
Last Name	
Street Address	
City	
State	
Zip	
Home Phone	
Cell Phone	
E-Mail Address	

## Child's Information

First Name	
Last Name	
Child's Website or Care Page (if applicable)	
Date of Birth	

## Request Information

Amount Requested	
What will these funds be used for?	
Is the Item/Service typically covered by insurance?	

If yes, please detail why additional funding is needed:

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Please provide information on how the funds will be used:

How will this item or service benefit your child?

If the requested amount does not cover the entire cost of the item or service, what is your plan for obtaining the remainder of the funding?

**Financial Information (Please see financial eligibility guidelines)**

Total Household Income

Number in Household

I heard about The Paisley Mae Foundation through the following:

\_\_\_ Aicardi Syndrome Facebook page

\_\_\_ Aicardi Syndrome website

\_\_\_ Another family

\_\_\_ Social worker or physician

\_\_\_ Other: \_\_\_\_\_

### Award & Payment Information

If awarded, the payment should be directed as follows:

Payable to*:	
Mail to (address):	
Additional info to include on the check (i.e., account number, patient name, etc.)	

\*We strongly prefer checks be made payable directly to the vendor or service provider. Please note: if the request is for an item or service where the check needs to be made payable to the family member (i.e., travel expenses, etc.), *the funds will be subject to income tax.*

### Certifications

I certify that I am the parent or legal guardian of the diagnosed child and the primary caregiver of the child.

I certify that I will use the funds only for the purpose outlined in this application.

I understand that any check made payable to myself or a member of my family will be subject to tax liabilities.

I am willing to share my story and photo for publication on The Paisley Mae Foundation website (not required for consideration).

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded any funds, any false statements, omissions, or other misrepresentations made by me on this application may entitle the Foundation to restitution of the grant award.

Name (printed)	
Signature	
Date	

### Additional Information

You may choose to submit additional items to support your application, such as cost estimates, quotes, photos, etc. This information can be e-mailed along with this application form to [bob@wehavetoday.org](mailto:bob@wehavetoday.org)

*You will be notified via e-mail within 2 weeks. Please contact [bob@wehavetoday.org](mailto:bob@wehavetoday.org) with any questions about this application.*