1. Name of submitter:
2. Phone number of submitter:
3. Name of cancer patient:
4. Address and phone number of cancer patient:
5. Please describe the family or individual (whether it’s you or someone else) that has been impacted by cancer that you believe should receive financial assistance from Willie’s Legacy Foundation. (50-word limit).
6. Please detail how you anticipate any financial gift from Willie’s Legacy Foundation being used (*e.g.*, medical bills, travel expenses relating to treatment, household bills, childcare) and the amount of funding requested that will be of benefit. (100-word limit).

Contact Info: Kelly Quinlin, 2408 Chamee Drive, Maryville, MO 64468 kquinlin74@gmail.com