

Freestone Cancer Support Group
Application for Assistance
For Expenses During Treatment

*Please fill out this form as completely as possible so that we can provide you with an appropriate and generous gift.

Name: _____ Phone #: _____

Street address (city, state, zip code): _____

_____ Email: _____

Type of Cancer _____

Type of Treatments – (Radiation/Chemo/etc.) _____

How many treatments are you to have? _____

Date that treatments will begin or date that have already begun. _____

Where will you have treatments (Waco, Dallas, etc.)? _____

How often will you take treatments and for how long? (examples: once a week for 6 months, 5 times a week for 4 weeks, once a month for 1 year, etc.) _____

What are your basic financial needs during treatments? (examples: fuel, driver for treatments, meals, hotel stays, etc.) _____

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

(Use back of this page if necessary)

Information provided by: _____ Date: _____

*If different from cancer patient please provide relationship.

**Note: This is not a monthly gift. We review needs and consider where and how often you take treatments for future gifts.



Send application via post office:

FCSG

P.O. Box 1522

Fairfield, Texas 75840

Or email to:

John Fry

jefj5285@valornet.com