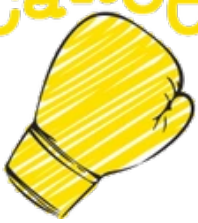
Date:

T-BURG TAKES ON
pediatric cancer



Family Grant Application - Additional Request

Child's Name: _____ Age at diagnosis: _____ Current Age: _____

Parent(s)/ Guardian(s) Name: _____ Phone: _____

Name: _____ Phone: _____

Address(s): _____ Email: _____

_____

Request Type: _____ Request Type: _____

Company: _____ Company: _____

Account Number: _____ Account Number: _____

Amount: _____ Amount: _____

Please include copies of most recent statement of account.

For Internal Use Only:

Date Received: _____ Received By: _____

Approved: Y ___ N ___ Amount Approved: _____

Paid By: Card ___ Check ___ Check Number: _____

At T-Burg Takes On Pediatric Cancer our mission is to provide unwavering support and resources to NY families navigating the challenges of pediatric cancer. Our goal is to alleviate financial burdens faced by these families, enabling them to focus on the well-being and healing of their child.

Grants are awarded to Pediatric Cancer Families. Pediatric Cancer is defined as age Birth to 18 at time of diagnosis.

Funds disbursed will be used for above request.

Return to PO Box 555, Trumansburg, NY 14886 or call (607)342-1975