



## APPLICATION FOR PROJECT FUNDING

Who's legacy do you wish to honor?

\_\_\_\_\_

*(name of person who has died from cancer)*

What is your relationship to the honoree?

\_\_\_\_\_

*(eg: daughter, son, wife, husband, partner, etc)*

Your First Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #:   (      )      \_\_\_\_\_

Tell us about your loved one and explain the impact they had in your life:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(feel free to add an additional page if needed)*

What project would you like to undertake to honor the legacy of your loved one?

\_\_\_\_\_

\_\_\_\_\_

*(feel free to add an additional page if needed)*

If you don't have a specific idea to honor your loved one's legacy, would you welcome a call from our team to discuss ideas?  Yes  No

Are you at least 18 years old?  Yes  No

*If you are not 18 years old (yet), please share the contact information for the adult that is responsible for you (Parent/Guardian):*

Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone #:   (      )      \_\_\_\_\_