

*Lodi Cancer Kids
Funding Request Form*



Childs Name _____ Age _____ Disease _____
Parents Name(s) _____ Parent's phone # (____) _____
Home Address: _____ apt.# _____ city _____
Care Facility _____ Social Worker _____
SW phone # (____) _____ SW Email _____

You may request up to \$800 according to the options provided below. Please fill in the number of gifts cards requested and the total dollar amounts. (Actual amounts may vary slightly according to availability of gift cards at the time of funding.)

Gas:	Shell or Chevron gas card _____@ \$50	\$ _____
Groceries:	Safeway _____@ \$50	\$ _____
Dining : (max. \$100)	Eats! Chile's, Etc. _____@ \$25	McDonald's _____@\$25
	Starbucks _____@ \$25	Jamba Juice _____@ \$25
Clothing: (max. \$200)	Old Navy _____@ \$25	Foot Locker _____@ \$25
Toys, Etc. (max. \$100)	Sears _____@ \$50	\$ _____
Total Expenses A		\$ _____

Medical Expenses: (We will issue check to provider. Please attach copy of invoices for payment)	
- Hospital _____	\$ _____
- Home Care Provider _____	\$ _____
- Physician _____	\$ _____
- Medical Laboratory _____	\$ _____
Total Medical B	
\$ _____	

Total A & B (Up to \$800)

\$

Signature below indicates receipt of funds:

_____ Print Name	_____ Relation to child	_____ Signature	_____ Date
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Please fax completed form to: (209) 333-7569
or mail to: Lodi Cancer Kids P.O. Box 1592 Woodbridge, CA 95258-1592
or email to: info@lodicancerkids.org