



Assistance Program Application

Recipient's Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Birth Month _____

Cancer Diagnosis _____ In Treatment? Y N
Treatment Location _____

How Can We Help?

Recipients must be adults (18+) living with cancer or going through cancer treatment.

A total maximum benefit of \$1000 per recipient per calendar year between all GF programs. Requests over the maximum benefit will require Board approval.

1. _____ **A Little Peace of Mind Program**

Providing bill-paying assistance for recipients facing financial difficulties as a result of their cancer.

- a. Attach a doctor's note on letterhead
- b. \$750 maximum benefit per recipient per calendar year
- c. Copies of bills requested to be paid must be furnished
- d. Financial assistance will be made directly to the vendors

2. _____ **Need A Break Program**

Providing recipients an "escape" from the Big C through distribution of gift cards or tickets for dinner, movies, shows, concerts, sporting events, etc.

- a. Attach a doctor's note on letterhead
- b. \$250 maximum benefit per recipient per calendar year

3. _____ **Thank You Program**

Providing recipients the ability to acknowledge a caregiver for their assistance by sending a thank you gift.

- a. \$200 maximum benefit per recipient per calendar year

Additional Information/Description of Request: _____

How did you hear about us? _____

Referral's Name _____
Address _____
Phone _____ Email _____

Two Grateful Friends Inc. d/b/a Grateful Friends is a 501(c)(3) non-profit organization. **Tax ID # is 47-3976941.**

Mail application to:

Grateful Friends, P. O. Box 119, Beverly, MA 01915

OR FAX to: 978-854-5267

Please protect your information – do NOT email – our email is not encrypted. **Send ONLY via FAX or postal mail.**