Grateful Friends
Supporting Adult Cancer Patients

Financial Assistance Program Application

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

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 and be a resident of Massachusetts' Essex or Middlesex Counties.

____ A Little Peace of Mind

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

- $800 maximum benefit per recipient per calendar year
- Attach a doctor's note on letterhead
- Copies of the bills requesting to be paid must be furnished
- Financial assistance will be made directly to the vendors

____ Need A Break

Providing recipients a gift to provide unexpected joy during their cancer journeys.

- $250 maximum beneft per recipient per calendar year
- Attach a doctor's note on letterhead

____ Thank You

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

- $200 maximum benefit per recipient per calendar year

Please share your story and reason for your request: (use back if needed)

How did you hear about us? _____

We are grateful to be able to provide support for you. We know others would love to hear about the impact we're making in people's lives and your story could provide great support to others as well. Would you be comfortable letting us share your story on our social media or in our marketing materials? Yes ____ No ____

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**.