



Comfort Basket™ Application

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

Cancer Diagnosis _____ In Treatment? Y N
Treatment Location _____

Grateful Friends has created Comfort Baskets™ brimming with supplies aimed at providing some comfort and a little bit of fun for patients receiving chemotherapy and/or radiation therapy.

One Comfort Basket™ per recipient per calendar year.

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.

Please check all that apply

<input type="checkbox"/> Male	<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Female	<input type="checkbox"/> Radiation
<input type="checkbox"/> Other	<input type="checkbox"/> Surgery

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.**