



For office use only:  
Date Rec'd: \_\_\_\_\_

## Application for Personal Fundraising Program

To be used by cancer patients/survivors still undergoing cancer care.

**NOTE: All personal information will be held strictly confidential.**

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_

Please list what you'd like to fundraise for (i.e. Transportation, medical bills, rent, utility bills, airline to other treatment centers, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### What we require from you –

#### Please fill out this form and bring us –

- 1.) A letter from your cancer care doctor stating your cancer diagnosis
  - 2.) A letter from a social worker/case manager/ patient advocate stating what you specifically need to fundraise for.
- We do request that if you sign up for this program that you agree to send us your fundraising page link, an update on your fundraising, a photo of you with the donated pendants and a thank you letter/testimonial.

Please Mail, Email or E-fax this application and requested information to:

UCAAN, c/o Rachel Shur: PO Box 2659 – Moorpark, CA 93020

**UCAANorg@yahoo.com or e-fax at: [ucaanorg@hpeprint.com](mailto:ucaanorg@hpeprint.com)**

*Once we receive and approve your completed application and paperwork, we will contact you to obtain further information and will send you our fundraising packet. Processing of paperwork can take up to one week.*

Office Approval: \_\_\_\_\_