



High Desert Cancer Connection

HDCancerConnection.com

EIN 99-1848155

Application

Name

DOB

Occupation

Address

City

Zip

Phone

Email

A FEW QUESTIONS

Yes

No

1. Have you created a 'Go Fund Me' account?

2. Have you applied and/or received assistance from any other organization?

3. How did you hear about High Desert Cancer Connection?

Do you have someone that cares for you? Provide Name, Phone & Email

What type of assistance are you requesting? Circle all that apply.

1. Notes of Encouragement

4. Wig fitting appointment

2. Cancer Support Group

5. Financial Assistance

3. Survivor Buddy

6. Caregiver support

Please provide details describing your need(s):



760.514.2721

16433 Ash Street, Hesperia, CA 92345



info@hdcancerconnection.com

Type of Cancer?

Diagnosis Date: Stage:

Doctor Name: Phone:

Address:

Share your hobbies and interests.. we want to know more about you.

Would you like to be added to our mailing list? **Yes** **No**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a donation, I understand that false or misleading information on my application may result in being banned from ever receiving financial support from this organization.

I agree to the terms of service

Signature

Date

Cancer Survivor
A term that refers to anyone who has ever been diagnosed with cancer. A person is considered to be a survivor from the time of diagnosis

Cancer Thriver & Fighter
Someone that makes the daily decision to overcome challenges related to the disease by engaging in meaningful activities.

Please submit application - email to: WeCare@hdcancerconnection.com
or mail to: Marlene Fuller 16433 Ash Street, Hesperia, CA 92345

For office use only

Approved by: _____ Date: _____

If the above medical information is unable to be attained, who from our organization vouches for the diagnosis of this individual:

Signature

Date