



The Daisy Fund

Application for Assistance

Please complete and mail to:
The Daisy Fund
PO Box 409

Shippensburg, PA

17257

Date: _____

Name of Individual Completing Application: _____

Address: _____

Phone Number: _____ e-mail: _____

Person or Family Applying on behalf of if different then name above: _____

The Daisy Fund was established to help individuals and their families who are suffering from cancer with non-medical expenses such as gas money to get to appointments, lodging and meals while at appointments. The Daisy Fund Board may also consider other catastrophic illness needs on a case by case basis. Please write a brief paragraph stating your need or the need of the person and family for which you are applying:

Applications will be reviewed on a monthly basis. All applicants will be notified of the Boards decision.

Signature of Applicant: _____

Please check here if you wish to be anonymous in any Daisy Fund publications listings.

For The Daisy Fund Board Use Only

Date Received: _____ Date Approved: _____

Amount Approved: _____ Check No: _____ Check Date: _____