

A Mother's Wish

Request for Assistance Form

| | | |
|---|---|-----------------|
| Name (First, Last) | Date of Birth | Age |
| Address (Street, or PO Box, City, State, Zip) | Have you requested support before? Yes No | Date Submitted |
| Email Address | Phone Number | Alternate Phone |
| Number of Children (Include Ages) | Marital Status (Married, Single, Widowed) | |

| | | |
|---|----------|------------|
| Diagnosis | Hospital | Oncologist |
| Diagnosis Details (Date, Current Stage, Treatment Received, Etc.) | | |

Indicate needs and/or wishes below. Prioritize, beginning with the number 1 as most desired need/wish.

| | | |
|--|--|---|
| <input type="checkbox"/> Housing/Rent/Mortgage | <input type="checkbox"/> Groceries/Food | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Home/Auto Repair | <input type="checkbox"/> Medical Support | <input type="checkbox"/> House Cleaning |
| <input type="checkbox"/> Auto payment(s) | <input type="checkbox"/> Counseling/Services | <input type="checkbox"/> Lawn Care/Snow Removal |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Wishes | <input type="checkbox"/> Scarves/Clothing/Wig/Prosthetics |

Provide details of needs and/or wishes listed above (specific monetary amounts for car payment or utilities bills, etc.)

| | | |
|---|-----|----|
| Can We Contact You To Understand Your Request Better? | Yes | No |
| Can We Deliver Your Requested Support In Person To Your Home? | Yes | No |
| Would you be interested in being invited to future A Mother's Wish events? | Yes | No |
| Can we use your picture and/or name in future A Mother's Wish promotions? | Yes | No |
| How did you hear about us? Website Facebook Word of Mouth TV/Newspaper Doctor's Name _____ | | |

Requests cannot be processed until the following documentation is completed and submitted to the address shown on bottom of this form:

- ∞ Completed and signed request (this form)
- ∞ Letter from your physician on his/her letterhead stating type of cancer diagnosed and treatment prescribed
- ∞ Include supporting documentation (copy of utility bills, mortgage coupon, etc.) to support items checked above

I understand that A Mother's Wish™ Organization does not follow HIPPA guidelines and the personal details above have been given to ensure donations and support distributed are within the guidelines of our stated charter.

Signature of Requestor: _____

To Be Signed At Receipt Of Support/Services

By signing below, I confirm that I have received the following donation on the date highlighted.

Items/Support received: _____

Signature of Recipient _____ Date _____

Signature of AMW Representative (present at delivery) _____

Please send your requests by the end of the month to be considered in the next month's meeting.

Mail requests to A Mother's Wish, PO Box 173, Lake Orion, MI 48361

Email your request to contactus@amotherswishmichigan.com