



**Lodi Cancer Kids
Funding Request Form**

Childs Name _____ Age _____ Disease _____
 Parents Name(s) _____
 Care Facility _____ Social Worker _____
 Phone (____) _____ Fax (____) _____ Email _____
 Home Address: _____ apt.# _____ city _____

You may request up to \$800 according to the options provided below. Please fill in the number of gifts cards requested and the total dollar amounts. (Actual amounts may vary slightly according to availability of gift cards at the time of funding.)

Gas:	Shell Pump Pass _____ @ \$50	\$ _____
Groceries:	Safeway _____ @ \$50	\$ _____
Dining : (max. \$100)	Eats! Chile's, Macaroni Grill _____ @ \$25	
	Starbucks _____ @ \$25 Jamba Juice _____ @ \$25	\$ _____
Clothing: (max. \$200)	Old Navy _____ @ \$25 Foot Locker _____ @ \$25	\$ _____
Toys, Etc. (max. \$100)	Sears _____ @ \$50	\$ _____
	Total Expenses A	\$ _____

Medical Expenses: (We will issue check to provider. Please attach copy of invoices for payment)	
- Hospital _____	\$ _____
- Home Care Provider _____	\$ _____
- Physician _____	\$ _____
- Medical Laboratory _____	\$ _____
	Total Medical B
	\$ _____

Total A & B (Up to \$800) \$ _____

Signature below indicates receipt of funds:

_____	_____	_____	_____
Print Name	Relation to child	Signature	Date

Please fax completed form to: (209) 333-7569
 or mail to: Lodi Cancer Kids P.O. Box 1592 Woodbridge, CA 95258-1592
 or email to: info@lodcancerkids.org