



TJ & Friends Foundation, Inc.

Live to Ride, Ride to Live, Live Strong

APPLICATION FOR DONATION Submit this completed application along with the required documents to PO Box 6161, Elberton, GA 30635. *** Remission patients do not qualify ***

Name _____

Address:

Street City State Zip County

Mailing address (if different):

Street City State Zip County

Contact numbers:

Home phone Cell phone

Email address:

Cancer diagnosis:

Type of cancer:

Date of Diagnosis:

Statement of need:

Describe your need for this monetary donation.

Please attach the following documents with your application. Failure to submit these items will classify your application NOT COMPLETE, therefore will not be reviewed until the required documents are submitted.

Proof of cancer diagnosis:

_____ (initial) You must attach a signed and notarized statement from your oncologist, currently treating you for cancer, confirming current cancer diagnosis. *** WE DO NOT ACCEPT PATHOLOGY REPORTS OR OTHER MEDICAL DOCUMENTS! Remission patients do not qualify.

Proof of residency:

_____ (initial) You must attach a copy of local tax documents, or a signed and notarized statement from you landlord proving you have been a resident of one of the following counties for at least one current year prior to your diagnosis; Elbert, Hart, Franklin, Madison, Lincoln, Oglethorpe, or Wilkes County. *** WE DO NOT ACCEPT STATE OR FEDERAL TAX DOCUMENTS!

Proof of citizenship to the United States:

_____ (initial) You must attach a copy of your birth certificate, or other documentation in order to prove that you are a citizen of the United States (US driver's license, passport, citizenship documents).

Medical information release:

_____ (initial) I authorize the release of my medical information to the TJ & Friends Foundation, Inc. for the purpose of verifying my cancer diagnosis in order to complete my application.

By signing below, I promise that all information contained in and attached to this application is true. I authorize and release this information for the sole use of TJ & Friends Foundation, Inc. in order to receive the donation. If the applicant is under age 18 or elderly, a family member or guardian should sign as witness.

Signature of Applicant

Witness (if needed)

Date _____

