



**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: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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 and 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 needs or the needs of the person and family for which you are applying.

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Applications will be reviewed on a monthly basis. All applicants will be notified of the Board's decision.

Signature of Applicant: \_\_\_\_\_

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

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**For The Daisy Fund Board Use Only**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Check No. \_\_\_\_\_ Check Date: \_\_\_\_\_