

The Daisy Fund Application for Assistance Please complete and mail to: The Daisy Fund PO Box 409 Shippensburg, PA 17257

We give our money locally, proudly serving the following Pennsylvania counties ONLY: Franklin, Fulton, Huntingdon, Mifflin, Juniata, Perry, Cumberland, Adams, York, Dauphin, Lancaster and Lebanon

Date:		
Name of Individual Completing Ap	pplication:	
Address:		
Phone Number:	Email:	
Person or Family Applying on beha	alf of if different than name above:	
Name:		
Address:		Phone:
expenses such as gas money to ge Board may also consider other cat	help individuals and their families who are so to appointments and lodging and meals who astrophic illness needs on a case by case bas rson and family for which you are applying.	nile at appointments. The Daisy Fund
Applications will be reviewed on a	monthly basis. All applicants will be notified	of the Board's decision.
Signature of Applicant:		. <u></u>
Please check here if you wish to be	e anonymous in any Daisy Fund publications	listings.
	For The Daisy Fund Board Use Only	
Date Received:	Date Approved:	
Amount Annroyed:	Chack No.	Chack Data: