



Patriot Cares, Inc. strives to improve the wellness of our community by providing resources and inspiring hope for a healthy future.

Please fill out the following form to provide information for assistance.

Please provide supporting documentation for individual assistance in the form of late notices, estimates, etc.

Requests will be considered on a case-by-case basis.

Requester Information:

First Name/Last Name: _____

Facility/Organization: _____

Facility/Organization Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

Recipient Information:

First Name/Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Request (provide supporting documentation and estimate): _____

Check Payable to: _____ Requested Amount: \$ _____

Recipient Type: Patient/Family Community Member Charitable Organization

If a non-profit, organization tax number: _____

Is agency a 501(c)3? Yes No

If a non-profit, organization contact: _____

Business or Non-Profit Address: _____ City: _____ State: _____ Zip: _____

(Business/Non-Profit address MUST be provided for check printing)

Phone number of non-profit/business: (____) _____ Email: _____

Please complete the second page

Please complete this application and answer the additional questions. Supporting documentation and estimates must be provided.

Please provide brief but detailed descriptions to the following, keeping in mind the Patriot Cares, Inc. has limited funds.

1. In detail, explain **why** you have chosen to nominate this individual/organization.

2. In detail, please provide an explanation on **how** the contribution will be used.

Email the completed application and supporting documentation to: patriotcares@patriotathome.org