



# CONTRACTORS FOR KIDS

1316 MOTOR PARKWAY, ISLANDIA, NEW YORK 11749

1-888-208-KIDS

*"We Will Be There"*

\_\_\_\_\_ is a \_\_\_\_\_ year old boy/girl diagnosed with \_\_\_\_\_,  
date of diagnosis \_\_\_\_\_, age at diagnosis \_\_\_\_\_, currently under the care of  
Dr. \_\_\_\_\_, whose phone # is \_\_\_\_\_

As a result of the child's illness, we have encountered difficulties in meeting our expenses and are seeking assistance for the following bills:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please use the following space to include any extenuating circumstances that you feel may be relevant to your request: Current financial status, family situations, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide all contact information so that we may be able to contact you

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Day Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

X \_\_\_\_\_

Parent or Guardian Signature

Parent or Guardian Name Printed

Please fax or mail hard copy to the above address.

How did you hear about Contractors For Kids \_\_\_\_\_

-----

For Official Use

Date Rec'd \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date response was given \_\_\_\_\_

Amount of Gift \_\_\_\_\_