



Financial Assistance Program Application

Recipient's Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Date of Birth _____

Cancer Diagnosis _____ Treatment Location _____

How Can We Help?

Recipients must be adults (18+) living with cancer or going through cancer treatment and be a resident of Massachusetts' Essex or Middlesex Counties.

A Little Peace of Mind

Providing bill-paying assistance for recipients facing financial difficulties as a result of their cancer.

- \$800 maximum benefit per recipient per calendar year
- Attach a doctor's note on letterhead
- Copies of the bills requesting to be paid must be furnished
- Financial assistance will be made directly to the vendors

Need A Break

Providing recipients a gift to provide unexpected joy during their cancer journeys.

- \$250 maximum benefit per recipient per calendar year
- Attach a doctor's note on letterhead

Thank You

Providing recipients the ability to acknowledge a caregiver for their assistance by sending a thank you gift.

- \$200 maximum benefit per recipient per calendar year

Please share your story and reason for your request on a separate page. Include details about your living situation (are you alone or have a partner), dependents (are you caring for minor children or aging parents) and your employment status (are you currently working, temporarily out of work, or permanently out of work). We would also like to hear about any additional challenges you are facing as a result of your cancer diagnosis and/or treatment.

How did you hear about us? _____

We are grateful to be able to provide support for you. We know others would love to hear about the impact we're making in people's lives and your story could provide great support to others as well. Would you be comfortable letting us share your story on our social media or in our marketing materials? Yes ___ No ___

Referral's Name _____

Address _____

Phone _____ Email _____

Two Grateful Friends Inc. d/b/a Grateful Friends is a 501(c)(3) non-profit organization. **Tax ID # is 47-3976941.**

Mail application to: Grateful Friends, P. O. Box 119, Beverly, MA 01915 **OR** FAX to: 978-854-5267

Please protect your information – do NOT email – our email is not encrypted. **Send ONLY via FAX or postal mail.**