**ZACH FARMER CANCER ASSISTANCE FOUNDATION**

**DONATION REQUEST FORM**

1. Donee Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Donee Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Donee Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Donee E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Donee Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If you are asking for financial assistance for another individual other than yourself, please provide your name, telephone number, e-mail address, and relationship to the individual.

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7. Please describe in your own words the reason(s) you are requesting financial assistance from the Zach Farmer Cancer Assistance Foundation.

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8. Please describe in your own words for what purposes you will use the financial assistance if the foundation is able to assist you.

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9. Are you requesting a specific sum of financial assistance? If yes, how much.

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Please submit the Donee Request Form to one of the following individuals:

Gene Bumgardner President 740-352-4602

Kim Bennett Vice President 740-708-8423

Kim Moore Treasurer 740-708-1352

Christine Brabson Secretary 740-222-8884

Larry Farmer 740-222-1379