- Need extra money for gas to those trips for cancer treatments?
- Need to pay for meals while you are away from home taking treatments?
- * Need a motel room for yourself or support person while you are taking treatments?
- Need to pay a babysitter while you go to your doctors appointments?

Are you short on cash for your everyday expenses due to your cancer?

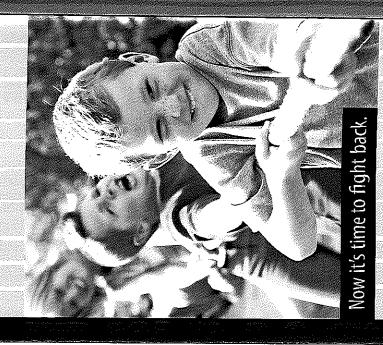


New Hope is here to help you with those financial needs. Just fill in the application located inside this brochure and let them do the rest.

New Hope Cancer Foundation PO Box 422 Mobridge, SD 57601

Cancer.

It has affected many of us in many different ways.





New Hope Cancer Foundation

APPLICATION FOR CANCER RELATED ASSISTANCE

	(Address)	
(County)	(Phone)	
hereby request financial assistance as I am ill with		
	(Type of cancer)	
Please submit a current copy of your pand a copy of your driver's license.	athology report or a statement of diagnosis from your phy	<i>r</i> sician
I have been a resident of	county since	
amount allowed in a one-year period, beginning Jur of check from New Hope Cancer Foundation. Atten- mail regarding the decision of New Hope Cancer Fou	whole, or part, the New Hope Cancer Foundation will grant me the maximune 15 of present year through June 14 of the following year. It will be paid to me is ion will be given to your request upon receipt of application and you will be not indation board members. A new request is needed at the beginning of each function, Walworth or Campbell County. New Hope Cancer Foundation has the	n a form tified by draising
Signature of Applicant	Date	
(Parent or legal guardian signatu	re required if applicant is under the age of 18.)	
Mail application to:		

New Hope Cancer Foundation PO Box 422 Mobridge, SD 57601

FOR NEW HOPE CANCER FOUNDATION USE ONLY	
Date of Meeting	
Action Taken	
Client Notified of Action	

