

Because of Bailey

Donation Request

Name of Recipient: _____

Address: _____

Age: _____ **Email:** _____

Phone# _____

Referred by: _____

(you must have a referral to be considered)

Funds will be used for (Please check all that apply):

- Medical bills**
- Occupational, speech or physical therapy**
- Travel expenses**
- Specialized equipment (wheelchair, gait trainer, helmet, walker)**
- Nurse/aide/caretaker**

We respect the privacy of your family and loved one's medical condition however, we do need a brief overview of how we can help you. Without disclosing private medical information, please briefly describe how this donation would impact your family/child's life.

If the donation will be used for specialized equipment please provide a description of the equipment needed.

Please note that all information provided in the donation application will be reviewed by the board members of Because of Bailey and used by the foundation for the purpose of assessing the amount of and eligibility for the donation funds and related purposes. By submitting this application, you acknowledge that you are providing this information voluntarily and agree to the use and disclosure of this information for these purposes.

I certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that the foundation reserves the right to verify any information provided in this application and that the foundation may use the information provided herein for the purposes described above.

Signature _____ **Date** _____