

Request for Financial Assistance

Colors of Cancer | 2901 Bemidji Ave. N. | Bemidji, MN 56601 | colorsofcancerbemidji@gmail.com | (218) 368-2940

Name		Phone	
Address			
Email			

Please tell us about yourself, share as much information as you are comfortable with. (Age, family members, diagnosis, treatment plan, prognosis, where are you doctoring, etc). Feel free to attach additional pages if necessary. You may also include photos if you would like.

Please select expenses you have incurred that you are able to verify for reimbursement. Select all that apply.

- Fuel/Travel Expenses \$ _____ Date _____
- Lodging/Hotel Stays \$ _____ Date _____
- Food/Groceries \$ _____ Date _____
- Medical Expenses \$ _____ Date _____
- Rent/Mortgage \$ _____ Date _____
- Childcare \$ _____ Date _____
- Utilities/Bills \$ _____ Date _____
- Miscellaneous \$ _____ Date _____

Is there anything additional you wish to share with the committee?

May we contact you directly for additional information or follow up? _____

Please email completed application to colorsofcancerbemidji@gmail.com or drop off in person at KBA Accounting - 2901 Bemidji Ave. N. Bemidji, MN 56601 Questions? Please call (218) 368-2940