

E V ROCKS INC. DONATION REQUEST FORM

Need our help? Mail this completed form to the address listed below or contact us via email at info@evrocks.org.

MAIL TO: 18 Robin Lane
Wappingers Falls, NY 12590

SECTION A:

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Contact preference (circle one): PHONE EMAIL

SECTION B:

Are you submitting this form on behalf of yourself? YES NO
(If YES, skip to SECTION C)

Name of individual in need of aid: _____

Relationship to individual: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

SECTION C:

Type of Cancer Diagnosis: _____

Date of initial diagnosis (month and/or year): _____

Is the individual currently receiving treatment? YES NO

Please provide a brief description of the individual and their cancer journey.

SECTION D:

What type of donation(s) are being requested? (Circle all that apply)

Financial Donation Clothing Gift Cards Medical Supplies

Please use the space below to list additional requests or provide more information about the donations you've selected above.

SECTION E:

Please read the following statement then sign below.

I understand that E V Rocks is a nonprofit, tax exempt, charitable organization that only provides aid to individuals with a cancer diagnosis in New York State. I acknowledge that the information in this form is correct, to the best of my knowledge, and I or the individual requesting aid will provide medical documentation of a cancer diagnosis if necessary.

Signature: _____ Date: _____