

Dear Friend:

Thank you for reaching out to I Believe in Pink for assistance. As you may be aware, we are required to collect certain information before our organization can approve the application for financial assistance.

Financial assistance is related to one's current stage of cancer so please identify stage on the applicant's medical provider letter (see application for complete list of requirements). Eligible individuals with metastatic (Stage IV) breast cancer will receive \$750 and eligible individuals with earlier-stage breast cancer (Stage 0 to III) will receive \$500. For those living with metastatic (Stage IV) breast cancer, medical documentation confirming diagnosis may be submitted in place of a medical provider letter. Note: Special circumstances can be given for additional assistance. Please provide information in the section "Please tell us about your need as it relates to your illness."

Before we can approve funding, two additional pieces of information are required. First, on the attached sheet, please check each of the following attestations by providing your signature. Second, please provide a short description of your need, as it relates to your illness.

We look forward to receiving your application and supporting documents via email at <u>Ibelieveinpink50@gmail.com</u> or via mail at 214 Mowat Circle, Hamilton Township, NJ 08690.

We will do our best to review quickly.

Again, we are very happy you have reached out to us and we want to wish you the best in your recovery.

Yours very truly,

Tracey Destributs

Denise Mariani

Stacy Spera

APPLICATION FOR FINACIAL ASSISTANCE:

FIRST NAME:		LAST NAME:	MIDDLE INITIAL:
STREET ADDRESS:			
CITY: _		STATE:	ZIP CODE:
TELEPHONE NUMBER:EMAIL:EMAIL:			
Attestations:			
	I attest, under penalty of law, the donation requested supports the mission of I Believe in Pink: to provide assistance for those affected by breast cancer in our community.		
	I attest, under penalty of law, the donation is needed based on financial need.		
	I attest, under penalty of law, the donation will allow me to pay off medical debt related to breast cancer treatment that I am unable to pay.		
	I attest, under penalty of law, and to the best of my knowledge, as to the accuracy of information which is submitted by me to I Believe in Pink for issuance of funding requested.		
Attestation Signature of Patient:			
Please tell us about your need as it relates to your illness:			
Please check here if you would agree to provide a quote for our website. You may remain			

Please check here if you would agree to provide a quote for our website. You may remain anonymous.