

Comfort Basket™ Application

Recipient's Name		Date	
Address			
City		State	Zip
Phone	Email		
Birth Month			
Cancer Diagnosis			In Treatment? Y N
Treatment Location			
		bit of fun for ation therapy	patients receiving
Recipients must be adults	How Can We H (18+) living with cance		ıgh cancer treatment.
	Please check all that a	pply	
Male		Ch	emotherapy
Femal	e	Ra	diation
		Su	rgery
Additional Information			
Referral's Name			
Address	Email		
Phone	Emaii		

Two Grateful Friends Inc. d/b/a Grateful Friends is a 501(c)(3) non-profit organization. Tax ID # is 47-3976941. Mail application to:

Grateful Friends, 12 Bristol Road, Peabody, MA 01960

OR FAX to: 978-854-5267

Please protect your information – do NOT email – our email is not encrypted. **Send ONLY via FAX or postal mail**.