Date _____

Physician's Name _____

Mailing Address _____

_____

Subject: Eligibility Verification

The McPherson County Community Foundation is currently administering three fund accounts to assist patients with cancer related illness. They are the Home State Bank – Giving Hope Fund and the Women and Children Combating Cancer Fund. The purpose of these funds are to provide support to people who have experienced financial hardship resulting in a deterioration of the quality of life caused by cancer and related treatment. Items in consideration in making grants are shelter, nutrition, medicine, cleanliness, companion animal care, and transportation. A recipient may receive a total of $500 for each 12 month period they are receiving treatments.

We understand you are a treating physician for _____. He/She has applied for benefits from the fund. In order to ensure funds are distributed to recipients meeting the criteria, would you please verify the patient has a cancer or cancer related illness by signing below and returning this letter in the enclosed envelope.

For questions regarding this fund, please contact our office at 620-245-9070 or via email at becky@mcphersonfoundation.org.

Sincerely,

Becky Goss

President / CEO

____ Yes, _____ does have a cancer or cancer related illness.

____ No, _____does not have a cancer or cancer related illness.

_____ _____

Signature Date