

WESTMINSTER OPTIMIST/LARRY SILVER CHILDHOOD CANCER CAMPAIGN FUND

APPLICATION FOR FINANCIAL ASSISTANCE

PATIENT NAME: _____

PARENT(S) NAME: _____

ADDRESS: _____

REASON FOR REQUEST: _____

AMOUNT REQUESTED:\$ _____

HOW REQUEST WILL BE USED: _____

REFERRED BY: _____ **PH#** _____

I HEREBY AUTHORIZE THE CHILDREN'S HOSPITAL TO RELEASE TO THE WESTMINSTER OPTIMIST/LARRY SILVER CHILDHOOD CANCER CAMPAIGN FUND ANY INFORMATION NECESSARY TO PROCESS MY APPLICATION FOR FINANCIAL ASSISTANCE.

SIGNATURE: _____ **DATE** _____

PHONE: _____

THIS FUND HAS BEEN ESTABLISHED IN MEMORY OF LARRY SILVER WHO DIED FROM COMPLICATIONS OF LEUKEMIA IN AUGUST 2005. PLEASE FORWARD YOUR APPLICATION TO BECKY SILVER AT 10154 MEADE CT WESTMINSTER, CO 80031.