

# Give Hope Foundation

## Give Hope Hero/Apple A Day Worksheet

Please visit [www.givehopefoundation.org](http://www.givehopefoundation.org) for information on the Give Hope Hero and Apple A Day programs

Child's name:

Child's age:

Type of child's cancer:

Expected duration of treatment remaining:

Your name:

Your relationship to the child:

Your phone number:

Your address:

Your email address:

I would like to be considered for \_\_\_ Give Hope Hero \_\_\_ Apple-A-Day \_\_\_ Both programs

Please tell us anything you'd like about your child and his or her experience with cancer.

Please tell us how we can help - What is it that your family needs? (Please be as specific as possible, including estimated expenses)

What could we do to help make your child's cancer experience more manageable?

\_\_\_ I would like the opportunity to volunteer for Give Hope Foundation

I hereby release the rights of this information to be used by Give Hope Foundation at any time they may deem it helpful to use in their efforts to raise more money for children and families battling cancer. I understand that my story may be shared via a number of different formats with the public, including written, video, audio, or photographic.

\_\_\_\_\_  
Signature

\*\*Email this application to [ghc@givehopefoundation.org](mailto:ghc@givehopefoundation.org), or to request an electronic copy.