



# Logan Strong Foundation

LoganStrongFoundation@gmail.com

www.LoganStrongFoundation.org

(518) 930-2384

## Application for Services

Childs Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Treatment Stage: \_\_\_\_\_

Primary Treatment Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Logan Strong Foundation provides the following items and services

*Please mark anything you are asking for. You can choose as few or as many of the services we offer.*

- T-Shirt Campaign**—As a way to assist you to get through the financial hardship of being in the hospital, we help you create a campaign and sell T-shirts to raise money.
- Wrist Bands**—As a way to assist you to get through the financial hardship of being in the hospital, we provide you with 500 wrist bands to sell to raise money and awareness.
- House Cleaning**—With our partnership with Life Maid Simple Spotless, and we are thrilled to offer families an opportunity for a complimentary house cleaning (*maximum of four hours*) paid by the Logan Strong Foundation.
- Wish List Items**—We ask you to set up a wish list on Amazon.com that is public and share with us. Our Board of Directors will approve a small treat to help you and your little one get through treatments.

Authorized Contacts ( <i>may be updated as needed</i> )				
Name	Organization	Phone	Email	Date Auth.

### Releases

#### Initial Approval

\_\_\_\_\_ I authorize the release of our names and photos/images of our family that we have provided or approved, for the promotion of services we have been provided by the Logan Strong Foundation.

\_\_\_\_\_ I authorize the release of our child's diagnosis, place of treatment and stage of treatment information we have provided and approved, for the promotion of services provided by the Logan Strong Foundation.

\_\_\_\_\_ I authorize Logan Strong Foundation to reach out to the approved contacts on our behalf to aid us in the fundraising process.

***By signing below, I attest that all the information I've provided is true and accurate to the best of my knowledge.***

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_