



Logan Strong Foundation

P.O. Box 2168, Scotia, NY 12302
 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.

- Online Fundraising 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 personalized promotional items (t-shirts, mugs, stickers, etc.) 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, we are thrilled to offer up to four hours of interior house cleaning for families in the immediate Capital District when availability allows OR a house cleaning service of your choice in your local area.
- Wish List Items** – We ask you to set up a wish list on Amazon.com that is public and share it with us. Our Board of Directors will create a small care package 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: _____