



STING CANCER

Helping Hands Referral Form



Do you know someone who has cancer? We are here to help.

Their Name _____

Their Phone # _____

Their Address _____

Please let us know by circling: deliver the gifts / gifts will be picked up

What type of cancer: _____

Where is he/she receiving treatment?: _____

Are there any other details you can provide regarding their cancer, date of diagnosis, or family situation that would help us to better meet their needs?

What can we do to help?

- Gas cards**
- Groceries (Which store(s)? _____)**
- Restaurant cards (Which one(s)? _____)**
- Entertainment (movies, bowling, etc)**
- Other: _____**
(If would like to send S.C. gear, do you know what size(s) would be appropriate?)

Your Name: _____ **Address:** _____

Email: _____ **Phone:** _____

Return completed forms to PELC Main Office

For Office Use Only.

What did we do to help?

Total Cost?

Who did it?

When did we do it?

Data entry completed by _____.