**Celebrate Pink Grant Application**

Grants are not income based and serve the purpose of enhancing quality of life. The information you provide will be confidential and will not be shared with outside organizations.

**Personal Information**

Please provide the following personal information to help us contact you about this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | | |
| **Address** | | | |
| **City** | **State** | | **Zip** |
| **Email Address** | | **Phone Number** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you currently undergoing breast cancer treatment?** | | Yes | No | |
| **Where do you currently receive treatment?** |  | | |
| **What would you use this grant for?** | | | | |
| **Amount requested** |  | | |
| **Have you previously received a Celebrate Pink Grant?** | | | | |

|  |  |
| --- | --- |
| **Signature** | |
| **Date** |  |

|  |  |
| --- | --- |
| Please mail grant application to:  **Celebrate Pink**  **Grant Committee**  **PO Box 2763**  **Cheyenne, WY 82003** | For more information contact:  **Barb Clark at 635-6445 or**  **Sarah Brown at 214-3173**  **Visit our website for more information**  **www.celebratepink.org** |