**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** |