



**RECIPIENT REQUEST FORM**

Date: \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_

Email: \_\_\_\_\_ Or phone # \_\_\_\_\_

Relationship to Patient or Personal Caregiver: \_\_\_\_\_

Name of Cancer Patient or Personal Caregiver: \_\_\_\_\_  
(circle one)

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Or phone # \_\_\_\_\_

*Please note that all information on this form will be kept confidential*

Gift Certificate Request:   \_\_\_ Groceries   \_\_\_ Gas   \_\_\_ Dining   \_\_\_ Retail store  
                                  \_\_\_ Yard work   \_\_\_ Housekeeping   \_\_\_ Minor Vehicle Repair

*Please prioritize by writing 1,2,3 which support would most benefit the recipient.*

Additional Information: \_\_\_\_\_

How did you hear about PopCares: \_\_\_\_\_

PopCares Inc. , PO Box 482, Williamstown, MA 01267  
413.281.1094

[www.popcares.org](http://www.popcares.org)   email:popcares@yahoo.com

Internal use only:

Date Received \_\_\_\_\_ Board Sponsor \_\_\_\_\_ Approved \_\_\_\_\_ # \_\_\_\_\_

GC RCD \_\_\_\_\_

(Revised 11-24.2013)