Nomination Form

The Pink Patch Charitable Organization holds an annual fundraiser to assist Breast Cancer Survivors with incidental costs such as travel, prosthetics, medications and time off work. Recipients must meet a simple criteria of diagnosis and/or treatment of Breast Cancer within the past 18 months with medical verification. Preference will be given to individuals facing significant financial distress. There are no demographic or geographic eligibility factors, those questions are for tracking information only.

Name:

Phone:

Email:

Gender (Optional):

Physical Address:

Age (Optional):

Mailing Address:

Date of Diagnosis:

Cancer Diagnosis:

Current Course of Treatment:

Medical Verification (signature of physician certifying above):

Note: Our charitable organization is non-discriminatory and has a specific mission statement to assist those currently battling breast cancer and suffering a medical crisis and/or financial hardship. All personal information will be protected under HIPAA law.
No medical records are required with a simple Medical Verification signature from an attending physician, with expressed permission of diagnosis and treatment confirmation by the recipient.

Recipient Signature:

Please tell us a little about your journey and how we can help:

All completed nominations must be submitted prior to October 1st. Award emails will occur mid October and funds will be distributed by November 15th. The Pink Patch reserves the right to distribute funds based on charitable need in compliance with both HIPAA and non-discrimination laws. Please download this form to fill out then print off for signatures as electronic signatures are prohibited.

Please mail completed form to The Pink Patch at 220 Tenth Ave SW Ephrata, WA 98823