

**Dawn Hill Fight Foundation, Inc.,
a 501(c)(3) Non-Profit Organization**



Patient Application

Dawn Hill Fight Foundation, Inc. was created in honor of Dawn Hill who passed away from Stage IV Pancreatic Cancer in December 2016. Dawn’s family and friends are committed to keeping Dawn’s legacy alive, raising awareness for pancreatic cancer, and making a difference in the lives of patients and families battling this disease. Each year, *Dawn’s 5k Dash* (Run/Walk) is hosted in Dawn’s honor at the Ma & Pa Trail in Harford County, MD. All race registration monies collected will be donated directly to patients in need of financial assistance.

Instructions:

Complete the following application and submit it along with the release form below to verify the patient’s diagnosis to:

Email: dhfightfoundation@gmail.com

OR

Mail to: Dawn Hill Fight Foundation, Inc.

P.O. Box 43183, Baltimore, MD 21236

Eligibility:

In order to be eligible for financial assistance you must:

- Have a diagnosis of pancreatic cancer confirmed by your attending oncologist/physician or case manager/social worker
- Be in active treatment for your pancreatic cancer diagnosis
- Be a U.S. Citizen residing in the United States

Application Date: _____ Patient’s Date of Birth: _____

Patient’s First and Last Name: _____

Patient’s Street Address: _____

City, State, Zip Code: _____

Email: _____ Daytime Phone: _____

Diagnosis (*including stage*) **and** Date of Diagnosis: _____

Physician’s Name: _____

Physician’s Phone: _____

Name of Treatment Facility: _____

Facility Address: _____

Case Manager/Social Worker Name: _____

Case Manager/Social Worker Phone: _____



Release Form

I, _____ do hereby request of my attending oncologist/physician, or case manager/social worker to release information which documents my diagnosis of _____ and my need for the service of Dawn Hill Fight Foundation, Inc. Additionally, I give my permission to Dawn Hill Fight Foundation, Inc. to obtain written or verbal information relevant to my receipt of services from Dawn Hill Fight Foundation, Inc. from my physician or case manager/social worker.

First and Last Name Printed: _____

Signature (*signed not typed*): _____

Date: _____

Please note: Financial Assistance is subject to availability. Review, consideration, and verification of application details may take 4-6 weeks. Funds are replenished yearly via our Dawn's 5k Dash Fundraiser. Thank you.

Proud member of



WORLD PANCREATIC
CANCER COALITION.