



Acts of Love Application

Date: ___/___/___

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Date of Birth: ___/___/___

Date of Diagnosis: ___/___/___

Details about your cancer journey: (please include as much information as you can, such as stage & type) _____

Home Life Details: (are you married, children, employment info) _____

How can our Act of Love help you financially to make your journey less stressful? What amount would give you relief? How do you plan to use this Act of Love? _____

How did you hear about Team Michelle and our Acts of Love? _____

Please be sure to include:

___ This application

___ A personal statement including a picture, that we may share with our sponsors, explaining how your diagnosis has impacted your life.

___ Please Check if you would be willing to share your story through Team Michelle events, website, written articles.

A letter from your doctor may be requested to confirm your diagnosis.

To submit your application and documents please scan and email to ann.hattrup@teammichelle.org
Feel free to attach additional pages.

Applicant's Signature: _____