



Dear Applicant

Thank you for your interest in **Friends In Pink**. We understand your feelings and fears because we have been touched by breast cancer, and most of us are survivors. **Friends In Pink** is a charity that financially assists under-insured and uninsured patients diagnosed with breast cancer. We will do our best to assist you.

Please read the following carefully. You will need to complete all the forms with the exception of the "Letter of Support". The "Letter of Support" **ONLY** needs to be completed if you have no proof of residency. An example of proof of residency is a utility bill (water and sewer, telephone or electricity) showing your name and current address. If you do not have proof of residency, the "Letter of Support" must be completed and notarized. Once the "Letter of Support" is completed and notarized include it in your application package and return the entire package to: **Friends In Pink**, P. O. Box 209, Stuart, FL 34995.

Please check the "Eligibility Requirements" to make sure you have completed and enclosed all the information in the application. If information is missing or unreadable it could delay our decision making process. PLEASE KEEP A COPY OF THE APPLICATION FOR YOUR RECORDS.

We are here to help you, as much as possible. Should you need help completing the application, or if you have any questions, call me at 772-871-9289.

Once we receive a completed application you will be considered for assistance.

Sincerely,

A handwritten signature in black ink that reads "Cheryl". The signature is fluid and cursive.

C. Norman Caldwell  
Recipient Services