

MAY-18-2004 10:29P FROM:

TO: 12153681199

P: 2/2

The Delaware Valley Children's Charity
Assistance Request Form
FAX to: (610) 344-9304

Caller Name _____ Phone _____

Agency/Organization _____

Client name _____

Children's name(s) and ages _____

Client Address _____ Apt. _____

City _____ State _____ Zip _____ Phone _____

Request is for: _____

Amount requested: _____

Employed by: _____

Weekly Income _____

Sec. 8 _____ WIC _____ Food stamps \$ _____ Welfare \$ _____ monthly

SSI \$ _____ Child Support \$ _____ Other income? _____

Expenses:

Rent \$ _____ Car \$ _____ Utilities \$ _____

Other sources contacted _____

Other sources helping _____

On a separate sheet please briefly describe the situation and reason for this request. Please note any account numbers/landlord names and addresses as to where check would be sent. Be sure to include when faxing this sheet. We appreciate a phone call that you are sending a FAX so that we are sure to receive the forms.

You may simply leave a voicemail at (610) 344-9311 before sending.

For office use only: _____

Amount: _____ Check # _____

Payment sent to: _____

dvcconline.org

Asia Marie

Page 1 of 2

Asia Marie's Angels Application

Helping Disabled Children and their Families in the Tri County Area

Complete the form and submit to:

Asia Maries Angels
P O Box 492
Douglassville, PA 19518

Child's Name: _____ Age: _____

Address: _____

City: _____

State: _____ Zip: _____

Mother's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Father's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Please explain in detail all disabilities and medical conditions of child.

Asia Marie

Page 2 of 2

Briefly explain what the funds would be used for: e.g.: medical equipment, health insurance, medical bills, house bills, etc.

[Back](#)

WE ALSO HEREBY CONSENT TO THE USE OF ANY PICTURES OF APPLICANT OR ANY REFERENCES TO HER/HIM IN ANY MEDIA ADVERTISING PROMOTING THE GIA NICOLE ANGEL FUND:

 Date

Applicant's signature

Applicant's name (printed)

Parent/guardian signature

Please Note:

Applicants will be notified if request is accepted.

The Gia Nicole Angel Fund is a 501(c)(3) charitable organization who receives funds through an annual benefit and private/corporate contributions.

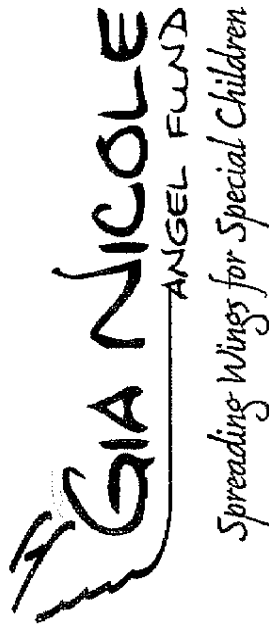
Send Completed Applications to:

Gia Nicole Angel Fund
 c/o Amy Nadell
 1461 Golden Drive
 Dresher, PA 19025
 (215) 429-9996

Please don't forget to attach a copy of last year's tax return and/or a pay stub.

Anything else you would like us to know?

How did you hear of the Gia Nicole Angel Fund?



Application

