



Spierings Cancer Foundation Family Grant Application
Physician Confirmation

Please provide your physician's signature confirming the applicant is currently, or has recently undergone cancer treatment:

I, _____ (physician's name), do hereby confirm that,

(patient's name), is currently undergoing, or has recently undergone treatment for cancer at _____
(hospital name/cancer center).

Physician's signature

Date

Please upload a copy of this form while completing your online family grant application at:
<https://spieringscancerfoundation.org/grants/family-grant-application/>

You may also mail this form to:

Spierings Cancer Foundation
Attn: Family Grants Committee
PO Box 171
Little Chute, WI 54140

Or email: grants@spieringscancerfoundation.org

