



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 mail this form to:

Spierings Cancer Foundation
Attn: Family Grants Committee
700 Harvest Trail
Appleton, WI 54913

Or email: grants@spieringscancerfoundation.org