



Financial Assistance Request Form

Name: _____ Email: _____
Address _____ City: _____
Postal Code: _____ Apartment/Suite: _____
Home Telephone: _____ Cell: _____
Type of Bleeding Disorder: _____

Please submit this form to your Regional Service Coordinator, or directly to the Hemophilia Ontario Offices at: 501-65 Wellesley St. E, Toronto, ON M4Y 1G7, Phone: 1-888-838-8846, Fax: 1-416-972-0307

Details of request, please include reasons for the request and the amount required :

For financial support , please check one or more of the following boxes:

- tutoring, dental, medication, hospital parking, taxi - medical appointments, assistive devices, scholarships, emergency funding, Other, please explain:

Member's Signature: _____ Amount Requested: \$ _____

Regional Service Coordinator Name: _____ Date: _____ (dd/mm/yy)

Hemophilia Ontario and its Regions adheres to prevailing privacy legislation. Any information about you as an identifiable individual including your name, an identifying number such as your birth date, your email address, or your credit card information will not be provided to a third party.

RSC Use Only—Please make cheque payable to:

Name: _____
Address: _____
City: _____
Postal Code: _____

For Office Use Only:

Executive Director Signature: _____
Confirmed Amount of Support: \$ _____
Date: _____