Hemophilia Ontario Hémophilie Ontario



Nous sommes tous liés par le sang.

Financial Assistance Request Form

Address	Email: Citv:		
Postal Code:			
Home Telephone:	Cell:		
Type of Bleeding Disorder:			
Type of Diceding Disorder.			
Please submit this form to your Re at: 501-65 Wellesley St. E, To	gional Service Coordinator, or dire oronto, ON M4Y 1G7, Phone: 1-88	-	
Details of request, please include re	easons for the request and the amo	ount required :	
	one or more of the following have	c:	
For financial support , please check	one of more of the following boxe	5.	
For financial support , please check □ tutoring	□ dental	。 □ medication	
□ tutoring □ hospital parking	☐ dental ☐ taxi - medical appointments	□ medication	
□ tutoring□ hospital parking□ scholarships	□ dental	□ medication	
□ tutoring □ hospital parking	☐ dental ☐ taxi - medical appointments	□ medication	
□ tutoring□ hospital parking□ scholarships□ Other, please explain:	□ dental □ taxi - medical appointments □ emergency funding	☐ medication ☐ assistive devices	
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