Hemophilia Ontario
Hémophilie Ontario

We're all related by blood.
Nous sommes tous liés par le sang.

Financial Assistance Request Form

Name:_____ **Email:**_____
Address_____ **City:** _____
Postal Code: _____ **Apartment/Suite:** _____
Home Telephone: ___ ____ _____-_____
Cell: _____ _____-_____

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
□ hospital parking
□ scholarships
□ Other, please explain:

□ dental
□ taxi - medical appointments
□ emergency funding

□ medication
□ assistive devices

_____
_____
_____

Member's Signature_____ **Amount Requested: $**_____
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 provide to a third party.

For Office Use Only:

Chair's Signature_____ Confirmed Amount of Support: $_____
Executive Director:_____ Bleeding Disorder:_____
Date: _____ _____