



Assistance Request Form

~~insert logo and website address~~ **HOPE FROM HELEN, INC. PO Box 187 Wrightsville Beach, NC 23480**
tony@sweetwatersurfshop.com

In order to ~~legitimate~~ review appropriate requests for assistance, Hope from Helen, Inc. requires the following form be completed by individuals or organizations seeking financial assistance. **Please submit completed forms to the postal address OR email address listed above.**

Request for Assistance Initiated By (your name):

Requestor's Contact ~~info~~ Information (email address and phone #):

Name of Recipient (who is the request for?):

Address of Recipient (street address, city, state, zip code):

~~Reason for~~ Please provide a description of the request and how potential funding will be used. I (use back of form if you need more room):

Please list contact info for 3 personal references (name, address, phone #, email address).

You may also include a letter from a doctor with your submission of this form.

Have you ever received funding from Hope from Helen in the past? (circle) Yes No