Patient Kit Program

We are happy to provide cancer patients undergoing chemotherapy Chemo Comfort kits at a discounted rate. However, we have found that people have been taking advantage of our generosity. Therefore, we have to ask cancer patients to fill out this form to be eligible for our subsidized patient kit program. NO THIRD PARTY PAYMENTS ARE ACCEPTED FOR THIS PROGRAM.

This information also helps us to apply for grants to subsidize this program. All information is confidential and your name and street address will **never** be divulged to any other party. Please fill out all the information on both pages and fax or mail to us per instructions on page 2.

Thank you for your understanding. We wish you all the best with your treatment.

Name _____

Address _____

_____

Type of Cancer _____

Economic Status Lower Middle Upper

Insurance Status Private Uninsured Medicare Medicaid

Ethnicity _____

By signing this document, you are certifying that you are a cancer patient currently undergoing chemotherapy.

Signature Date

Printed Name

Chemotherapy Patients:
Request a Chemo Comfort Kit

We understand that a cancer diagnosis brings tremendous financial, as well as physical and emotional, stress. We ask for only a minimum donation of **$15 (plus $15 shipping and handling)**. If this amount is too difficult, we will accept the shipping and handling fee only. Please do this only if you have no choice. We will no longer be able to offer this option if too many people continue to chose it.

Please note: information in the kit is anecdotal and should not be considered medical advice.

Please ship **Chemo Comfort Kit** (retail value $140) to:
Name_____
Address_____
_____
Telephone_____E-mail_____
Type of cancer_____Age____Sex F/M_____

Payment Information

Donation_____ $_____
Shipping & Handling Fee _____ $15.00_____
Total Enclosed (Minimum $30)_____ $_____

☐ My Check is enclosed (made payable to Chemo Comfort)
☐ I would like to use my credit card (Visa, Mastercard or Amex)

Credit Card Information
Name on card (please print)_____
Credit card number_____
Expiration date_____
Signature_____

Please send payment with this coupon to: **Chemo Comfort, 81 Bedford Street Suite 1A, New York. NY 10014 or fax to 212-675-3786**

No third party payments are accepted for this program.

This is for cancer patients self-paying only.

No exceptions will be made. Thank you.