



# Joshua Harz Shane Foundation

Bringing Smiles and Hope to Others

## REQUEST FOR ASSISTANCE

DATE: \_\_\_\_\_

How did you hear about the Foundation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THIS REQUEST FOR A CHILD?

PARENT'S NAME(S): \_\_\_\_\_

\_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

IS THIS REQUEST FOR AN ADULT?

NAME \_\_\_\_\_

ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Work or other contact number \_\_\_\_\_

PERSON IN NEED OF ASSISTANCE:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SOCIAL SEC. NUMBER \_\_\_\_\_

DESCRIBE HEALTH ISSUE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCTORS CONTACT INFORMATION

Doctor's Name \_\_\_\_\_

Doctors Speciality: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

ON A SEPARATE SHEET, PLEASE DESCRIBE THE TYPE OF ASSISTANCE REQUESTED.

SUBMIT YOUR REQUEST FOR ASSISTANCE:

EMAIL: JOSHUAHARRSHANE@GMAIL.COM

MAIL TO: JOSHUA HARR SHANE FOUNDATION

5 HIDDEN SPRINGS LANE

EAST WINDSOR, NJ 08520

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VISIT OUR WEBSITE: [HTTPS://JOSHUAHARRSHANE.ORG](https://joshuaharrshane.org)

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