



The Luke Pier Foundation Application for Assistance

Please provide your contact information:

First Name: _____ Last Name: _____
Telephone: _____ Email Address: _____
Street Address: _____
City/State/Province/Zip: _____
Country: _____

If you are *not* the patient in need, please provide the patient's full name:

First Name: _____ Last Name: _____

If you are *not* the patient in need, please provide your relationship to the patient:

- Parent
- Spouse
- Relative Specify relative type: _____
- Friend
- Co-Worker
- Other

Do you/the patient have access to company, personal or government-assisted medical insurance?

- Yes No

If you/the patient pay for your own insurance, please provide financial documentation to support your request for assistance (i.e. – tax return)

Specify enclosed documentation _____

Please provide your/the patient's physician name and contact information (for verification purposes)

Physician Name: _____
Practice: _____
Telephone #: _____

Please submit this form via email (info@thelukepierfoundation.org) or fax (704-394-1251)

Please note: We are a 501 (c) 3, non-profit foundation. The board of directors will review qualifying applicants a minimum of one time per calendar year. There is no guarantee we will or are able to provide funding following this request. The board of directors will determine the applicant's eligibility and The Luke Pier Foundation's financial availability.

THE
LUKE PIER
FOUNDATION

PO Box 88
Paw Creek, NC 28130-0088
info@thelukepierfoundation.org

FAX
BLOG
WEBSITE

(704) 394-1251
<http://www.thelukepierfoundation.blogspot.com>
<http://www.thelukepierfoundation.org>