

The LaRena Smith Bengoa Run, Ride or Walk for the Cure Assistance Application

Date: _____ Telephone Number: _____

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Net Monthly Income: _____

Source of Income: Social Security: ___ Pension ___ Wages ___ Other ___

Employer: _____

Spouses Employer: _____

Diagnosis: _____

Oncologist: _____

Assistance Requested: _____

Family in Area (include address and phone): _____

Assistance from other sources: _____

Have you received help from LaRena's Race in the past? _____

If yes: Date: _____ Amount: _____ Reason: _____

Special requests or comments: _____

Signature: _____

Please attach a copy of a cancer related medical bill or statement and include it with this application. If you have any questions, please contact Mary Bengoa at 775-374-0900.

Please send form to:

The LaRena Smith Bengoa Run, Ride or Walk for the Cure

c/o Mary Bengoa,

490 26th St.

Battle Mountain, NV 89820

FOR OFFICIAL USE ONLY Date: _____ Amount Given: _____

Approved by: _____