

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 "Caring Together" or Bengoa 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 635-8520.

Please send form to:
The LaRena Smith Bengoa
Run, Ride or Walk for the Cure
c/o Reme Huttman
1480 Palomino
Battle Mountain, NV 89820

FOR OFFICIAL USE ONLY

Date: _____
Amount Given: _____
Approved by: _____