



****Please provide this form to your Social Worker for signature and they will submit it to us on your behalf.****

Contact us: info@jaimiespurse.org
14646 Lynndale Drive
Baxter, MN 56425

“Giving hope and support to Minnesota families affected by pediatric cancer.”

Today's Date _____

Child's Name _____ Child's Age _____

Parents' Names _____

Child's Diagnosis _____ Date of Diagnosis _____

Name and city of Hospital/Clinic where Child is being treated _____

MN County where you live _____ Best phone number to reach you _____

Parent Signature** _____

Social Worker Name _____ Social Worker signature _____

How may we best help you?

Gas Card: ___ Holiday ___ Super America ___ BP

Grocery Card: ___ Cub Foods ___ Super One

Other Gift Cards: ___ Target ___ Walmart

Restaurant Gift Cards: ___ Subway ___ Taco Bell ___ McDonalds ___ Jimmy Johns

Mail items to: _____

Please note that all amounts provided will be based on availability of funds.

**By signing this form I am confirming that my social worker and I have determined financial need for assistance.