

# PINK AID'S PINK PURSE

## APPLICATION FOR COMPASSIONATE ASSISTANCE

All applications must be filled out completely and legibly in order for our Pink Purse Committee to process. No application will be considered until all documentation has been received.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Current Breast Cancer Doctor, Address and Phone Number:

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

Current Social Worker / Nurse Navigator and Address/ Phone Number:

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

Marital Status (check one):  Single  Married  Separated  Divorced  Widowed

Number of your Children under 18 living in your home: \_\_\_\_\_

Pink Aid's Pink Purse Fund provides compassionate assistance to individuals in need due to their Breast Cancer diagnosis. Please note we can only consider and fund non-medical requests. Some examples of areas to apply for are screening/testing, food, rent, utilities, childcare, transportation, counseling, lymphedema sleeves, wigs and prosthetics.

Please describe below or on another page a complete summary of what you are applying for:

Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

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

If you have any questions, please don't hesitate to contact our office at (844) PINK-AID

**pinkaid**  
compassion until there's a cure

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Beyond your needs, are there any special circumstances that our Pink Purse Committee should take into consideration when reviewing your application?

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Please also provide the following documentation:

- A signed letter from your doctor on his/her letterhead confirming your breast cancer diagnosis including date of latest treatment and/or screening requests.
- A signed letter from a Nurse Navigator, Hospital Social Worker or 501C3 Administrator verifying that you have been screened and qualify for financial assistance.
- A copy of bill to be paid. Please include name, phone number and address of the Company to be paid and account number. If requesting rent payment please be sure to include a lease or a legal binding document from the landlord. Please note that all bills will be verified prior to payment and that the Pink Purse does not pay directly to individuals.

This application, and appropriate documentation, should be submitted via email to [pinkpurse@pinkaid.org](mailto:pinkpurse@pinkaid.org) or mailed to:

**Pink Aid**  
**Attn: Pink Purse Grant Committee**  
**P.O. Box 5157**  
**Westport, Connecticut 06881**

By signing this Application, you are certifying that the information and statements contained (including any other material and information submitted), are true and correct.

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Date

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Printed Name

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Signature

If you have any questions, please don't hesitate to contact our office at (844) PINK-AID

