



Application for Assistance Through IR2L, Inc.

Financial assistance made available by **IR2L, Inc.** to help those individuals actively undergoing treatment for cancer on a case-by-case basis.

Name:	Phone:
Address:	E-Mail:
	Diagnosis:
	Doctor's Contact Info:
Date of Birth:	

I authorize IR2L, Inc.'s representative to contact my doctor to verify my diagnosis, current treatment and the likelihood of the continuation of treatment. _____ (initials)

I would like to keep in touch with IR2L after receiving the assistance in order to provide updates on my situation and feedback as to my experiences with IR2L. _____ (initials)

Optional

Please provide a brief description of what you would like to do with the funds, should you receive them: _____

IR2L has permission to use my brief description in their future marketing materials. (IR2L will never use your story without written consent and we will never use your real name at all). _____ (initials)

I attest that all of the information I have supplied on this application is true and accurate. _____ (initials)

Signature: _____ Date: _____



Doctor's Verification Form

- 1) Patient's Name: _____
- 2) Patient's Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)
- 3) Is _____ currently receiving treatment for cancer?
- 4) Will this treatment likely continue for the next six months?

I authorize IR2L, Inc.'s representative to contact my doctor to verify my diagnosis and the likelihood of the continuation of treatment. _____ (initials)

Signature: _____ Date: _____

Do Not Write Below This Line

For Official Use Only

- 1) Application has been: Approved or Denied
- 2) Approval notice sent on:
- 3) Rejection notice sent on:
- 4) Funds sent on: