



Megan's Wings Foundation

1735 Kelly Avenue, Upland, CA 91784 Ph: (909) 532-8135 Fax: (909) 608-9152 ksavage@meganswings.org

Patient Aid Request Form

All information below is confidential for the private records of Megan's Wings Foundation.

Requested Information: Please check box below & attach necessary documentation for bill pay.

***URGENT** (If urgent request is needed within 24 hrs, please phone in request)

<input type="checkbox"/>	Bill Pay	<input type="checkbox"/>	Phone Card	<input type="checkbox"/>	Travel Expenses
<input type="checkbox"/>	Lodging	<input type="checkbox"/>	Gas Card	<input type="checkbox"/>	Wish
<input type="checkbox"/>	Complimentary/Nutrition Therapy	<input type="checkbox"/>	Grocery Card	<input type="checkbox"/>	Other (Explain below)

Brief Explanation of patient request:

Date of Request: _____ Time: _____ Requested By: _____

Relationship to Patient: _____ Ph/Email Contact Info: _____

Please email or fax request to: ksavage@meganswings.org or Fax: (909) 608-9152 (call 1st before faxing at (909) 608-9152 or (909) - 532-8135)

Child's Doctor: _____ Ph: _____ Hospital: _____

Social Worker or Child Life Specialist: _____ Email/ Ph. _____

Patient Information

Last Name: _____ First Name: _____ Age/DOB: _____

Address: _____ City: _____ State: _____

Zip: _____ Country: _____ Home Phone: _____ Cell: _____

Sex: M / F Languages Spoken: _____ Email: _____

Father: _____ Mother: _____

Special Concerns:

The Megan's Wings Foundation is a non-profit volunteer based organization established in memory of 9 year old Megan Savage who lost her battle to Leukemia on April 2nd, 2003. Megan's Wings assists families with a child undergoing cancer treatments at a Southern California Hospital or Cancer Center. It is our wish to ease the burden of childhood cancer patients and their families and aid in the search for a cure. Megan's Wings, Inc. Non-Profit 501(c)(3) #56-2501762