

Angel Fund is an all-volunteer nonprofit that provides financial assistance to Northeastern Minnesota residents facing cancer for expenses not covered by medical insurance.



www.angelfundrange.org

Name: _____ Date: _____

Gender: Male ____ Female ____

Address: _____

City: _____ Zip Code: _____

Phone number: _____ Alternate number: _____

Diagnosis: _____

Date of Diagnosis: _____

Location of doctoring/treatment: _____

To help us keep track of our gifting, please describe below how much money you are requesting and what the money would be used for: _____

How did you hear about Angel Fund? _____

Applicant: Self/patient: _____

Other: _____ Name & Relationship: _____

Signature: _____

For questions or for more information, reach us via email at info@angelfundrange.org, message us on Facebook www.facebook.com/angelfundrange or leave a voice message at 218-262-9929.

To submit this request, email it to info@angelfundrange.org or mail to Angel Fund, P.O. Box 114, Hibbing, MN 55746. (If doing this online, simply hit the "submit" button)

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