

Sisu Children's Fund Application

If your child needs medical treatment, equipment, or therapy because of a major medical problem or physical disability, and you need assistance in providing funds, please complete the following:

Parent's name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Child's Name _____ Age _____

What type of assistance are you requesting?

Please give a brief description of the medical and/or physical history of your child.

Please explain why you are requesting assistance. (Financial or other reasons).

Physician's Name _____

Address _____

Phone Number _____

Your request will be considered at our next board meeting unless this is an emergency situation. We may need to contact you for additional information and documentation.

Mail request to: Sisu Children's Fund, 609 Briar Road, Bellingham, WA 98225

Telephone: 360 671-8766

E-mail: snabblady@msn.com