



## Request for Hope Kit - to be filled out by cancer patients

Please print. All personal information remains confidential.

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Cancer \_\_\_\_\_ Doctor \_\_\_\_\_

How did you hear about Creating Hope? \_\_\_\_\_

Patients must complete and sign to receive a free kit. *The Watercolor HOPE Kit has a \$10 shipping fee.*

I certify that I am undergoing treatment for \_\_\_\_\_ (type of cancer)

at \_\_\_\_\_ (treatment center) by Dr. \_\_\_\_\_

at \_\_\_\_\_ (address and phone)

You have my permission to verify I am receiving treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Kit requested (please select one):

\_\_\_\_\_ Watercolor HOPE Kit\*

\*Please enclose a check or money order for \$10 for shipping on this kit.

\_\_\_\_\_ Meditate with Color Kit

This kit ships free.

Please sign, date & mail this form to: **Creating Hope, 13897 Rue Royale Lane, McCordsville, IN 46055**  
If you are a cancer patient, your HOPE Kit is free and is funded by private donations.

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