



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.

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

_____ Meditate with Color Kit

_____ Krittters Kit

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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