



Date: _____

Name: _____ Date of birth: _____

Address: _____

Phone numbers Home: _____ Cell : _____

E-mail address: _____

Date of cancer diagnosis: _____ Type: _____

Receiving medical services at: _____

(This would include follow-up visits with your doctor, surgeon, or oncologist.)

Gift Card (Please check one only)

Gasoline Card _____ Grocery Card _____ Pharmacy Card _____

Please let us know where you would like to shop for gas, grocery or pharmacy needs.

You are eligible to receive 2 gift cards in each of 2 successive 12-month periods. You can contact SFAC 4-6 months after receiving your first gift card.

About StringsforaCURE™

StringsforaCURE™ Foundation founder Elisa Guida is a professional jeweler and two-time breast cancer survivor. Elisa transforms professional musicians' used guitar strings into one-of-a-kind jewelry. Net proceeds from jewelry sales fund the foundation's efforts to educate, comfort and support cancer patients, primarily those with breast cancer.

Recipient's signature: _____

I verify that the information provided is accurate to the best of my knowledge.

All applications, and the information contained therein, shall be strictly confidential. However, the StringsforaCURE™ Board reserves the right to verify all information provided to ensure all resources are distributed without discrimination as to age, race, sex or creed and shall comply with all State and Federal laws related thereto. An application may be put on hold, pending the availability of funds. May 2011 *Incomplete applications will not be processed.**

Questions about this application can be directed to: elisa@StringsforaCURE.com or (814) 520-1563

Mail application to:

StringsforaCURE™ Foundation c/o Elisa Guida 1728 W. 8th St. Erie, PA 16505