

Thomas H. Boyd Memorial Foundation

P.O. Box 22 Carrollton, IL 62016 (217) 942-9410

Dear Applicant:

Below are the guidelines to assist you with the completion of the paperwork necessary to apply for the gas cards for cancer. Applications may be mailed to Gas Cards for Cancer, ATTN: DEIDRE SHARROW, 800 School Street, Carrollton, IL 62016 or dropped off to the Administration Office at Thomas H. Boyd Memorial Hospital.

- 1. Applications must be complete in order to be presented to the Foundation Board.
- 2. The physician's office or location where you are receiving treatment must complete the second page of this form.
- 3. Applications will be accepted until 4:00 p.m. on the last business day of the month. Business days are Monday through Friday.
- 4. After the end of the month applications that have been received will be presented at the Foundation meeting on the second Wednesday of the month and gas cards will be issued then.

 After the cards have been purchased, applicants will receive a call make arrangements to pick-up their gas card.
- 5. Applications may be turned in once a month for review in the following month. Gas cards will be issued once a month or until funds are depleted.

Please circle the gas station that you would like to receive a gas card from.

Hardin – Ayerco (only good for the station in Hardin)	Shell
Moto	ВР
Casey's	Cenex
Name of Applicant:	Date:
Address:	Date of Birth:
Phone Number:	
Length of Residence in Calhoun County:	Social Security Number:
Name of Applicant:	Date of Birth:

Name of Physician:	
Please document Diagnosis, treatment and duration of tre	atment below:
Name of the facility where treatment will be received:	
Address:	
Office Number:	Office Fax:
Signature of Person Completing the Form:	

*******To be Completed by Treatment Facility or Physician's Office******

Forms may be faxed to the Administration Office at 217-942-6091