

## Thomas H. Boyd Memorial Foundation

800 School Street 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.
- 5. After the cards have been purchased, applicants will receive a call to pick them up at the Administration Office in Carrollton.
- 6. 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 location that you would like to receive a gas card from.

Carrollton -	White Hall –
Jiffi Stop, 408 5 <sup>th</sup> Street	Casey's, 369 S. Main
Moto Mart, 501 5 <sup>th</sup> Street	Clark Gas Station, 654 N. Main
Buck's Crossing, 5th Street	Scotty's Convenience Center, 205 S. Main
Roodhouse –	Greenfield –
BP T-Mart, 220 N. State	Greenfield Shell, Route 67
Casey's, 620 S. State	Midtown Mart, 501 Main
Name of Applicant:	Date:
Address:	Date of Birth:
Phone Number:	
I ength of Residence in Greene County	Social Security Number

Name of Applicant:	Date of Birth:
********To be Completed by Treatmen	nt Facility or Physician's Office*******
Name of Physician:	
Please document Diagnosis, treatment and duration of tr	reatment below:
Tvanic of the facility where treatment will be received.	
Address:	
Office Newslaw	Office Fee
Office Number:	Office Fax:
Signature of Person Completing the Form:	
Date:	