



## Thomas H. Boyd Memorial Foundation

P.O. Box 22  
Carrollton, IL 62016  
(217) 942-6946 x1202

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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 800 School Street, Attn: Deidre Sharrow, Carrollton, IL 62016 or faxed to 217-942-6091 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 or at the closest outlying clinic.
6. Applications must be turned in once a month for review in the following month during the duration of treatment. 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 -**

Jiffi Stop, 408 5<sup>th</sup> Street

Moto Mart, 501 5<sup>th</sup> Street

Buck's Crossing, 5<sup>th</sup> Street

**Roodhouse –**

Fast Stop, 220 N. State Street

**White Hall –**

Conoco, 654 N. Main

Scotty's Convenience Center, 205 S. Main

**Greenfield –**

Greenfield Shell, Route 67

Midtown Mart, 501 Main

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Length of Residence in Greene County: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

[illegible]

Address: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Signature of Person Completing the Form:\_\_\_\_\_

Date: \_\_\_\_\_

Applications may be faxed back to 217-942-6091