



A 501(c)(3) Non-Profit Organization

## Patient Application

Alex Cotton Memorial Fund, Inc. was created in honor of Alex Cotton who passed away from Stage IV Pancreatic Cancer in July 2020. Alex’s family and friends are committed to keeping his legacy alive, raising awareness for pancreatic cancer, and making a difference in the lives of patients and families battling this disease.

**Instructions:**

Complete the following application and submit it along with the release form below to verify the patient’s diagnosis to:

Email: [alexcottonmemorialfundinc@gmail.com](mailto:alexcottonmemorialfundinc@gmail.com) OR

Mail to: Alex Cotton Memorial Fund, Inc. P.O. Box 792, Wilbraham, MA 01095

**Eligibility:**

In order to be eligible for financial assistance you must:

- Have a diagnosis of pancreatic cancer confirmed by your attending oncologist/physician or case manager/social worker
- Be in active treatment for your pancreatic cancer diagnosis
- Be a U.S. Citizen residing in the United States

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

Patient’s Date of Birth: \_\_\_\_\_

Patient’s First and Last Name: \_\_\_\_\_

Patient’s Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: Daytime Phone: \_\_\_\_\_

Diagnosis (including stage) and Date of Diagnosis: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_

Physician’s Phone: \_\_\_\_\_

Name of Treatment Facility: \_\_\_\_\_

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

Case Manager/Social Worker Name:  
\_\_\_\_\_



Case Manager/Social

Worker Phone:

# ALEX COTTON

MEMORIAL FUND INC.

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## Release Form

I, \_\_\_\_\_ do hereby request of my attending oncologist/physician, or case manager/social worker to release information which documents my diagnosis of \_\_\_\_\_ and my need for the service of Alex Cotton Memorial Fund, Inc. Additionally, I give my permission to Alex Cotton Memorial Fund, Inc. to obtain written or verbal information relevant to my receipt of services from Alex Cotton Memorial Fund, Inc. from my physician or case manager/social worker.

First and Last Name Printed: \_\_\_\_\_

Signature (signed not typed): \_\_\_\_\_

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

**Please note: Financial Assistance is subject to availability. Review, consideration, and verification of application details may take 4-6 weeks.**