



Preliminary Donee Application Form

Revised July 1, 2017

Mail to:
P.O. Box 1062
Wylie, TX 75098

or Email to:
donee@1uponcancer.org

First and foremost we want to thank you for applying. We are here because of you and we believe that everyone shouldn't have to worry how they will pay their cancer treatment bills.

How our fundraising cycle currently operates:

- Currently our fundraising periods are quarterly, the quarters run like this:
 - Q1: January - March
 - Q2: April - June
 - Q3: July - September
 - Q4: October - December
- Our fundraising for each quarter raises cash for the following quarter.
 - For example: fundraising in Q1 will be used for cancer treatment bills in Q2.
- For each quarter we have a set schedule of tasks for each month of the corresponding quarter:
 - First Month: Preliminary application window is open to accept these applications
 - Second Month: Vetting of the applicants.
 - Third Month: Payment of the bills
 - A donee will not receive funds from us, instead we will request the outstanding bills.

Application Terms:

- We work primarily in the gaming community, these are the people who help us fundraise and who we directly serve.
 - This does not mean that people who are not in the gaming community cannot apply, we will vet each applicant and decide the best course for our awards.
- You can reapply each quarter, there are currently no application limits in place.
- Any award amount is confidential, this is not to be shared publicly.
- We require proof of income status to be sent with this document, this is for us to verify eligibility.
 - Accepted: last year's tax return, social security, welfare or other other government assistance.
- If application is mailed, mail postmark must be before end of application window month.
- You will not be given any funds directly from us, instead we will pay the bills on your behalf.
- Bills must be submitted to us within 30 days of notification of award, bills received after the 30 day mark will be disregarded.
- Applicant needs to be living at the time of award.

Ways to contact us:

- Phone: (469) 464-9865
- Website contact: <http://www.1uponcancer.org/contact/>
- Twitter: <https://www.twitter.com/1uponcancer/>
- Facebook: <https://www.facebook.com/1uponcancer/>

Finally we ask you to please spread our message, please follow and share us on Twitter and Facebook. This helps us help more people and to grow as a nonprofit.

It is our pleasure at 1UpOnCancer to serve you.

Sincerely,

A handwritten signature in black ink that reads "Christina R. Haslage". The signature is written in a cursive, flowing style.

Christina R. Haslage, CEO and Co-Founder
1UpOnCancer.org



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Please fill out the information below and send it to either of the addresses on the top right. You may also enclose your story and some pictures to give us a better understanding of your situation.

IMPORTANT: Please fill out the form below legibly in blue or black ink in the spaces provided.

For Official Use Only	Date Received	Representative Name	Approved / Denied
Case Number #			
Full Name	Today's Date	Date of Birth	Phone Number
Address of Current Residence (No P.O. Boxes accepted)	Apt / Suite #	City	State / Zip
Email Address		Preferred Method of Contact Email Phone Letter	If phone: Which days & times are the best to contact you?
Marital Status Single Married Divorced		Have children under age of 18? Yes No	Are you a US Citizen? Yes No
Actual Diagnosis	Date of Diagnosis	Do you have open claims with Workers' Compensation? Yes No	Do you have open claims with disability insurance? Yes No
Insurance Company Name (N/A if none)		Are you currently employed? Yes No	Are you unable to work because of your illness? Yes No
Total Amount of Cancer Treatment Bills Currently Owed (after Insurance)	Last Year's Combined Salary	Do you play video games? If so, what is your favorite?	Do you authorize us to share your story and likeness? Yes No

By signing below I certify the following:

- I have read the entire application and I have given 1UpOnCancer true, correct and complete information.
- I understand that if the information given is incorrect or incomplete, I will be disqualified for possible assistance.
- I understand that filling out this form does not automatically guarantee me assistance with my bills.

Full Legal Printed Name of the Applicant

Full Legal Signature of the Applicant

Date (mm/dd/yy)

Application Checklist

Required:

- The completed and signed Preliminary Donee Application form on Page 2.
- Last year's tax return, social security, welfare or other proof of government assistance.
- Mail the complete application to the address at the top-right **or** scan and email to the address on the top-right.
 - Mail postmark **must be** before end of application window month.

Optional:

The bullets below are optional but we urge you to please allow us to share your story so we can raise money for others in your same situation.

Your information will only be used if we give an award money to your bills and only with your consent.

- A bit about you, your cancer story and how gaming has helped you fight cancer.
- If you're on social media: Your Twitter / Facebook username
- If you're a streamer: Your Twitch / YouTube / Mixer username