



REQUEST FOR GIFTED WISH FUNDS APPLICATION

Date of Request

Name of the Wish Recipient

Title

Name of Hospice Representative making request

Name of Hospice

Email

Address

Phone Number

Amount of Funds Requested

Please give a detailed description of the situation, the affect on the patient, family situation, and any details relevant to the decision making of the PNW Hospice Foundation in support of your request. Please note that in accordance with 501(c)(3) guidelines, we require that you submit receipts and thank you for your understanding.



Send Funds to (Name)

Phone Number

CCRD/Check

Address

City

State

Zip

Email Request Funds Application to: Jean@pnwhospice.org
OR Mail to:
Jean Rosenbaum
Pacific NW Hospice Foundation
6663 SW Beaverton Hillsdale Hwy. #63
Portland, Or. 97225

Questions: Call Jean @503-297-5250

*Please submit a completed LIABILITY
RELEASE AND AUTHORIZATION:
FINANCIAL AGREEMENT, MEDICAL
INFORMATION AND PUBLICITY to
expedite your request.*