

Concrete Cares of Nebraska

Application to request funds

Name: _____

Address: _____

Employer: _____

Contact Info. Phone: (____) _____ Email: _____

Date of Diagnosis: _____

Description of disease/diagnosis:

Tell us a little about yourself (Use another page if necessary):

How do you plan to use the funds: _____

How did you hear about Concrete Cares: _____

If you learned about Concrete Cares of Nebraska through a treatment center or other organized entity, please provide the organization name and location:

Please list three possible dates when you would be available to receive funds:

Signature: _____ Date: _____

By signing this document, you are granting Concrete Cares of Nebraska permission to put your name and any pictures acquired at check delivery into their newsletters and discuss the above information amongst board members while reviewing your request for funds. Concrete Cares of Nebraska will not share, sell, or distribute any of the information gained to any other sources.

Return application to:
Kyle Poff @ P.O Box 54 Kearney, NE 68848 or email: concretecares@icloud.com
Questions: call 1-308-440-5445