



Refer a Child-Application Form

Your Name: _____

Your Phone: _____ Email: _____

Relationship to child you wish to refer:

- Parent/Guardian
- Professional who works with child
- Self (potential wish child)
- Family member
- Friend

Child's Name: _____

Child's Age: _____

Child's Parents/Guardian's Names: _____

Child's Address: _____

Child's Contact Number: _____

Child's Medical Condition: _____

How did you learn about the Douglas Thompson Children' Fund? _____

Additional Comments: