

HOSPICE

LENNOX & ADDINGTON

Douglas Thompson Children's Wish Fund

Refer a Child: Application Form

Your Name: _____

Your Phone: _____ Email: _____

Relationship to child you wish to refer:

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

Child's Name: _____ Child's Age: _____

Child's Parent/Guardian Name(s): _____

Siblings (if any): _____

Address: _____

Contact Number: _____

Child's Medical Condition: _____

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

Additional Comments:
