

**Charles F. Fischer Society for Crippled Children, Inc.
Request for Funds For Individuals**

Name of person for whom funds are requested: _____

(Birth date): _____

(County of Residence): _____

Medical Diagnosis (if applicable): _____

Person making request: _____

Contact Information (name): _____

(Address): _____

(Phone): _____

(E-mail): _____

Amount requested: _____

Date of request: _____

Request (describe what the money will be used for):

Signature: _____

Submit request to: Charles F. Fischer Society for Crippled Children, Inc.
c/o Clinton County Health Department
111 S. Nelson Ave., Suite 1
Wilmington, OH 34177

Approved: _____ Not approved: _____

Authorized Charles F. Fischer Fund for Children signature:

Date: _____