

# TIM & JEANNIE HAMANN FOUNDATION

## RECIPIENT ASSISTANCE “WISH LIST”

The Tim & Jeannie Hamann Foundation was created to help support the financial needs in our community of cancer patients on a more personal level.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Cancer: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Where receiving cancer treatment: \_\_\_\_\_

Medical Release of Information (in writing): \_\_\_\_\_ Yes \_\_\_\_\_ No

In a brief note, please share your current situation. Include what is most important in an immediate way and how the foundation can be of assistance. Please attach any copies, if necessary, of documents regarding your request. This information will be kept confidential. Please know that your application is important and will be reviewed in a timely manner. The foundation will reach out if further information that may be required.

Thank you for sharing your journey with us. We will do everything possible to consider your request.

Sincerely,

Tim & Jeannie Hamann Foundation

513 First Street  
Benicia, CA 94510

(510) 520-8439  
(707)246-6567