THE Foundation
Champlain Valley Physicians Hospital

Jane's Fight Fund Application

Jane's Fight Fund was established in 2019 by the Sample family in honor of Jane Sample who was diagnosed with Stage 4 Stomach Cancer in November of 2016. The Fund is to be used to ease financial burdens and/or lift the spirits of families in need; the families are to use this gift as they see fit. Each application that meets the below qualifications will be assigned a number and included in a random drawing. Drawings will be held on June 30th (Jane's Birthday), October 30th and February 28th at 7 p.m.

Patient's Name   Date of Birth

Address

Phone Number   E-mail

Qualifications:

I am currently 18 years or older.

I am under 18 years of age. (requires additional signature of parent/guardian below)

I am currently receiving cancer treatment (excludes non-invasive skin cancers).

I am a patient of the FitzPatrick Cancer Center.

I am not a patient of the FitzPatrick Cancer Center, but I have attached proof of treatment from my cancer care specialist.

I am a resident of Clinton, Essex or Franklin Counties in New York State.

My current household income is below $150,000.

Describe Patient's Diagnosis

By completing this application and signing below that the above named patient agrees and and understands that The Foundation of CVPH or Jane's Fight Fund **will publicize that patient's name, including without limitation to print, video, television, radio, digital, internet and social media**. The patient agrees that it is not necessary for The Foundation of CVPH or anyone else to contact them prior to releasing any information authorized by this document. The patient hereby releases The Foundation of CVPH from all liability, damages or claims of any kind resulting in or from the public use of the above patient's name.
Signature of Patient or Parent/Guardian if under the age of 18:

If you have any questions, please contact The Foundation of CVPH at 75 Beekman St. Plattsburgh, NY 12901.
Phone: (518) 562-7169, Fax: (518) 561-0881 or foundationofcvph@cvph.org

Office Use Only:
Application number:_____