

Fundraising

In 2015 the Fayette County Cancer Fund was founded by a group of Fayette County citizens. This group is made up of a dedicated group of volunteers who want to make a difference in the lives of our families, friends and neighbors who are battling cancer. The FCCF's purpose is to raise money to provide help in a variety of ways for cancer patients. Money raised stays locally.

If you are interested in joining our team and raising money for this important cause, please contact Janet at jelam1972@yahoo.com or call her at (618) 704-9035

FCCF Board Members

Doug Knebel	President
Darryl Tjaden	Vice President
Janet Elam	Secretary
Lori Sasse	Treasurer
Amy Newsom	Board Member
Karen Sanders	Board Member
Tiffany Hipsher	Board Member
Joanna Redman	Board Member

The Fayette Count Cancer Fund is a 501c3 under the Old Capitol Foundation. Donations may be tax deductible.

Many forms of cancer are curable, but the fight is often exhausting financially, physically, and mentally. Cancer patients and their families face many needs that are often not covered by insurances or government programs. Some of these unmet needs might include but are not limited to:

- Gas money
- Medical supplies
- Medical equipment
- Deductibles
- Co-insurance
- Prosthesis

The Fayette County Cancer Fund offers assistance to help with these needs.

Our mission is to unite our community by meeting the needs of those with cancer. We encourage you to join us in this battle. Volunteers are needed for fundraising. Please help us make a difference.

This brochure contains the form necessary to apply for help from the Fayette County Cancer Fund. Your application is kept confidential.

Fayette County Cancer Fund

Serving the people of
Fayette County, Illinois



Uniting our community by meeting the needs of those with cancer.

*For financial assistance:
Fayette County Cancer Fund
PO Box 84
Vandalia, IL 62471
Ph: (618) 363-6819
Fx: (618) 283-7245*

Application for Assistance

Applicant/patient name _____

Address _____

City/zip code _____

Contact phone number _____

Employer's name _____

Family size (living in household) _____

Patient Insurance Information

Primary Insurance Provider _____

Secondary Insurance _____

What type of needs do you have?

Gas money _____

Medical supplies _____

Medical equipment _____

Deductible _____

Co-insurance _____

Prosthesis _____

Other _____

Patient Signature

Parent/Guardian Signature (if patient is a minor)

Date

Receipt & Acknowledgment

By signing this receipt, I

(Print Your Name)

acknowledge the following:

1. I have voluntarily furnished my completed application to the Fayette County Cancer Fund.
2. I am aware that this completed application contains confidential, protected health information furnished by my treating physician for the purpose of determining my eligibility to receive benefits from FCC Fund.
3. If I am selected to receive benefits from the FCC Fund, I am aware that a representative will be contacting me using the information that is contained in my completed application.
4. I am aware that I will be required to reapply annually for assistance during active treatment.

Sign and Date

Physician's Verification

(Print Patient's Name)

has been diagnosed with

(Type of Cancer)

and is currently receiving Cancer Treatment.

(Physician's Signature and Date)

(Physician's Printed Name)

Dr. Phone # _____