



Request Application

Parents Name _____

Address _____

Phone _____

| Children's Name | Age | NPD yes/no | Type |
|-----------------|-------|------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Childs Physician _____ Phone _____

What is your greatest need at this time? _____

Is there a specific amount that would help you at this time? _____

How did you hear about Ducks for Bucks _____

Have you ever received money from Ducks for Bucks? _____

Ducks for Bucks is required by law to report all money given at the end of the year. If you receive money from us we have to send a 1099 form. Please print the name and social security number of the person you would like to have this form made out to. You may use your name and SS# or your child's name and number.

Name _____ Social Security # _____

Ducks for Bucks is sponsored by many businesses that care about Niemann-Pick families and are committed to helping bring financial relief to these families. Our sponsors love to see pictures of the families and children that they help. If you receive money from Ducks for Bucks, would you allow photos of your family or child to be used in newsletters or on Ducks for Bucks website?

_____ Yes, you may use pictures of our whole family

_____ No, due to the privacy of our family and our child we would not want to have our pictures used.

*Please attach a letter from your child's Doctor that simply states your child has been diagnosed with Niemann-Pick Disease.

Parent or Guardian _____ Date _____

You may return this by fax to 505-632-7649 or by mail to the following address:

Ducks for Bucks
PO Box 5691
Farmington NM 87499



