

Lisa's Army is a non-profit organization whose goal is to fulfill Lisa Loonstyn-Golden's request to provide comfort to courageous individuals presently battling cancer. We accomplish this by providing our signature Comfort Care Packages free to men, women and children currently undergoing cancer treatment.

As care providers, you have direct insight into the daily challenges and struggles your patients endure; you know them best. Our packages are filled with comforting, uplifting, and useful items to help encourage and inspire someone going through treatment.

Do you know someone going through treatment who may benefit from a Comfort Care Package? We would like to help!

Please complete this form along with the approval signature from the nominee's doctor, nurse navigator or social worker. Due to the high volume of nominations we will use a lottery system for those who come from outside of our region. Upon receipt, the form will be processed and if selected, the process will begin. It may take 4-8 weeks to complete the process.

Nomination forms can be submitted by mail, fax or email:

Mailing Address: Lisa's Army, 8945 Ridge Avenue, Unit 8, Philadelphia, PA 19128

Fax Number: (215) 403-7108

E-Mail: Please scan the documents and email to info@lissarmy.org.

RECIPIENT # _____

CCP # _____



Comfort Care Package Nomination Form

Nominee's Name: _____

Type of Cancer: _____

Treatment Start Date: _____ How long is treatment _____

DOB: _____ Male or Female _____ Today's Date: _____

Nominee email: _____

If minor provide a parent or guardian email: _____

Care Center where treatment is: _____

Please provide name of any other facility that nominee has been previously treated.

Please **circle one item** your nominee would benefit from:

iPad

Beats Headphones

Please provide the address where the Comfort Care Package is to be delivered. Package will have to be signed for.

Name: _____

Street Address: _____

City _____ State _____ Zip _____



Comfort Care Package Nomination Form

Requestor's Information:

Your Name: _____

Your Contact Number: _____

Your Email Address: _____

Your Relationship/Role to the Nominee: _____

How did you hear about Lisa's Army? _____

Requestor's Signature _____ Print _____ Date _____

Medical Contact Information: PLEASE PRINT CLEARLY

Doctor, Nurse Navigator or Social Worker Name:

Address: _____

Contact Number: _____

Email Address: _____

Medical Contact Signature _____ Print _____