



COMFORT CARE PACKAGE NOMINATION FORM

Nominee's Name: _____

Type of Cancer: _____

Treatment Start Date: _____ How long is treatment _____

Age: _____ Male or Female _____ Date: _____

Doctor's Name: _____

Nurse Navigator or Social Worker: _____

Care Center: _____

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 in Mercer County, NJ where the Comfort Care Package is to be delivered. Packages will have to be signed for.

Name: _____

Street Address: _____

City _____

MELISSA'S BRIGADE

2601 Brunswick Ave, #55114, Lawrenceville, NJ 08648

ph. 609.468-6963 – melissasbrigade@lisasarmy.org – lisasarmy.org

Lisa's Army is a 501(c)(3) nonprofit organization.



Comforting Those Battling Cancer



Requestor's Information:

Your Name: _____

Your Contact Number: _____

Your Email Address: _____

Your Relationship/Role to the Nominee: _____

How did you hear about Melissa's Brigade? _____

Requestor's Signature

Print Name

Date

Medical Contact Information:

Name: _____

Address: _____

Contact Number: _____

Email Address: _____

Position/Role: Doctor, Nurse Navigator, or Social Worker

Medical Contact Signature

Print Name

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