



Make A Dream Come True (Lions) Society

P.O. Box 21115
584 Riverbend Square, NW
Edmonton, AB T6R 2V4
Canada

Financial Assistance Program

To apply for financial assistance to fulfill the dream of a terminally ill adult, please submit a Dream Application Form with that person's financial information.

The Society cannot guarantee or promise the approval of any funding and expects the applicant's family to assist with financing the applicant's dream wherever possible.



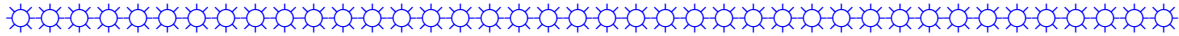
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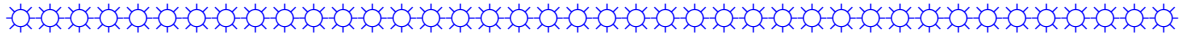
Dream Application Form

Applicant

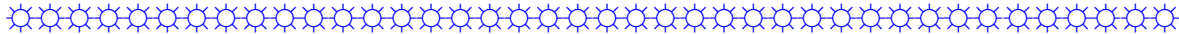
Name: _____
 Address: _____
 City & Province: _____
 Country & Postal Code: _____
 Social Insurance Number: _____
 Telephone Number: _____
 Fax Number: _____
 Cellular Number: _____
 E Mail Address: _____



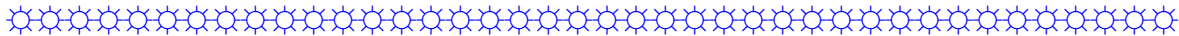
Nature of illness: _____



Current financial situation: _____



Briefly describe your dream/last wish: _____





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Closest Relative

Name: _____
Address: _____
City & Province: _____
Country & Postal Code: _____
Telephone Number: _____
Fax Number: _____
E Mail Address: _____

Attending Physician

Name: _____
Address: _____
City & Province: _____
Country & Postal Code: _____
Telephone Number: _____
Fax Number: _____
E Mail Address: _____

Social Worker

Name: _____
Address: _____
City & Province: _____
Country & Postal Code: _____
Telephone Number: _____
Fax Number: _____
E Mail Address: _____

Other Relevant Information

Date: _____
Submitted by: _____



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INCOME VERIFICATION FORM

| Source of Income (Employer(s), Child Support, Social Benefits, support from family, other people, etc.) | Monthly Amount | Total Amount |
|--|----------------|--------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | Grand TOTAL | \$ |

Additional Notes:

Applicant's Signature

Date



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DOCTOR'S NOTE

Please enclose a doctor's note including the following information:

- a description of the applicant's illness and prognosis for that illness; and
- the applicant's ability to partake in the proposed dream (for example, if travel is involved, the applicant's physician must indicate that the applicant is able to undertake the proposed travel).