



RETURN COMPLETED  
APPLICATION TO:

WWCF  
P.O. BOX 12  
LADYSMITH, WI 54848

If you or someone you know  
needs assistance in dealing  
with financial burdens while  
coping with cancer,  
please contact a  
member of the  
**Women With  
Courage Foundation**  
or call one of the  
numbers listed below.

**Cheryl Hanson: 715-307-4960**

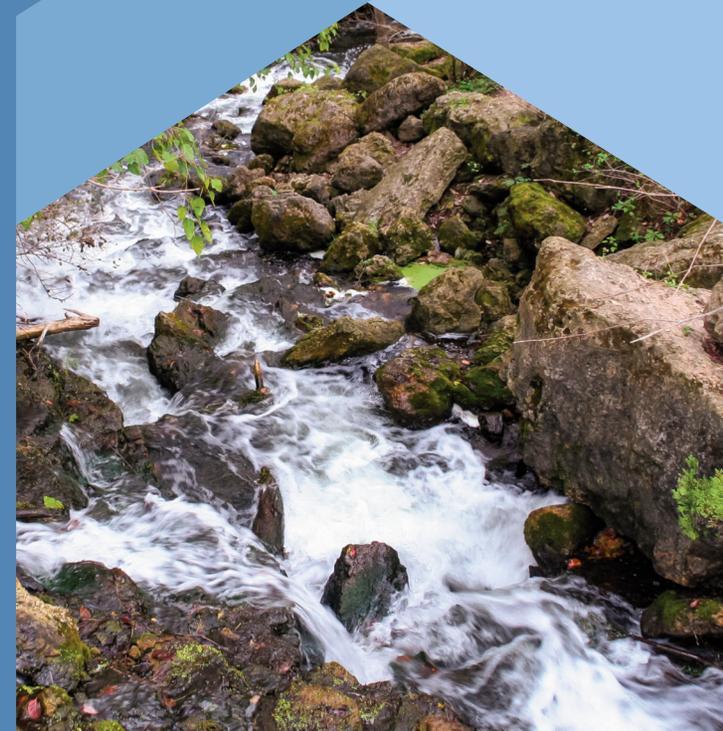
**Shelley Barg: 715-415-0588**

**Leanne Burch: 715-205-0247**

*Application for funds provided by the*



Providing assistance to  
men, women and children who live  
in Rusk County and are coping with  
a diagnosis of cancer



# MISSION STATEMENT

Being aware of the emotional, spiritual, physical and financial burdens of men, women and children coping with all diagnoses of cancer, the **Women With Courage Foundation** offers a stipend to Rusk County residents currently undergoing cancer treatments with respect for confidentiality.



# Women With Courage Foundation

The Women with Courage Foundation was organized in 2004 by a group of individuals who were interested in offering financial support to active cancer patients within Rusk County. Through their dedication and the generosity of many individuals and businesses, they have distributed yearly stipends to people of all ages from Rusk County who are undergoing treatment for cancer.

### MAJOR FUNDRAISING EVENTS ARE:

Honor The Fallen Breakfast  
held in May/September

Annual Golf Classic  
held 3rd Saturday in June

Annual two-night banquet  
held 3rd Friday and Saturday in October

## Cancer Stipend Application

To be completed by Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Due to state and federal law, we require your social security number for 1099 reporting: S.S. # \_\_\_\_\_

The money I am applying for will offset some of the costs of my cancer treatment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
*Must be completed by Oncologist:*

I, \_\_\_\_\_ (Oncologist)  
certify \_\_\_\_\_ (patient)  
is currently undergoing treatment for cancer.

Treatment Facility: \_\_\_\_\_

Oncologist's Signature: \_\_\_\_\_

Oncologist's NPI #: \_\_\_\_\_

Date: \_\_\_\_\_

- MUST be Rusk County Resident
- ALL information in allocation of this money is confidential
- This stipend can be applied for/received once yearly from date of issue while receiving treatment for active cancer.

WWCF use only: 2 Officers Initials:

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