



**SAILS UP 4 CANCER**  
**- SPINNAKER FUND APPLICATION -**

Date of application to Spinnaker Fund: \_\_\_\_\_

Name of individual: \_\_\_\_\_

Legal name, if different: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Social Security # (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Please give some basic details about your cancer, Please list where and who you are being treated by (all information is strictly confidential):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain what the funds are needed for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dollar amount requested: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Sails Up always appreciates hearing from our family of spinnaker fund recipients (via email or "snail" mail) . Please let us know how our contribution helped you during this difficult time.

Thank you for your application to the Spinnaker Fund.

Sincerely,

Bob Davis, *SU4C CEO & President*

Please note, applicant must:

- Be a resident of Southeastern Connecticut.
- Be undergoing treatment.