YMO Fundraising Application for Kidney Patients

**Applicant Information:**

Full Name:

Address:

**Parent’s or Guardian Name:**

**Medical Information:**

Kidney Disease Diagnosis:

Treating Physician's Name:

When were you diagnosed?

**Financial Need:**

**Briefly explain your reason for Assistance:**

**Declaration:**

I declare that the information provided is accurate, and I consent to the use of my application for fundraising purposes.

Signature: Date: