

FOUNDATION 4 LOVE

Spa Day Nomination Form

Are you the recipient or are you nominating somebody? (Please Circle One)

Recipient

Nominating a Loved One

Name of Recipient: _____ DOB: _____

Phone: _____ Age: ___ Gender: _____

Address: _____

City/Town: _____ State: _____ Country: USA

Recipient's email: _____

Your email, if different: _____

Have you been diagnosed with Cancer? Yes ___ No ___

Month/Year Diagnosed ____ / ____

Are you currently in Treatment?

Yes__ What kind of treatment? Surgery __ Radiation __ Chemotherapy __

No, but I have had treatment within the last 6 months ____

Who is your Oncologist/Practice _____

How did you learn about Foundation4Love? (Please circle one)

Social Media

Friend

Family Health Professional

Press

Referral

Other

What kind of Experience are you looking for?

Spa: (please circle one)

River's Edge Spa & Salon, Kennebunk, ME

Nine Stones Spa, Portland, ME

Other

(Let us know what you have in mind below, and we'll do our best to accommodate your request)

Hotel: (please circle one)

Press Hotel, Portland ME

The Boathouse Waterfront Hotel, Kennebunkport, ME

Hilton Garden Inn, Portsmouth Downtown, NH

Release Option:

We sometimes are asked by media (press/Instagram/Facebook/Twitter) for personal stories from the people we have helped. If you qualify, would you be willing to share how this foundation has helped you or have your story be written about. **Yes** __ **No** __ **Unsure** __

Signature: _____ Date: _____

Please remember to fill out all questions above and include your signature before your application can be processed and reviewed for the next step.

Please mail your completed application to: **Foundation4Love**
2 Main St. 18-107
Biddeford, ME 04005

Or email to: **info@foundation4love.org**