

***For Love of Family & Brotherhood***

**GIFT REQUEST FORM**

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

***(Please return via email to Gifting@Shield23Foundation.org)***

GIFT RECIPIENT Info *(Firefighter)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI Last

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apt City State Zip

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

 Home/Cell Phone Email

Fire Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union/Assoc: \_\_\_\_\_\_\_\_\_\_\_\_ Name City State Phone

GIFT RECIPIENT Info *(Family Member(s) of FF)*

Name of Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI Last Cell Phone Email

Name of Child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI Last Age First MI Last Age

Name of Child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI Last Age First MI Last Age

Person/LIAISON Completing Form Info *(if not Recipient)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Rank \_\_\_\_\_\_\_\_\_\_\_\_\_

 First MI Last

Relationship to Recipient: FF Bro/Sis Union Rep Chief Family Friend Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apt City State Zip

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

 Home/Cell Phone Email

6615 Grand Avenue Suite B-232 Gurnee Illinois 60031

*Gen Info*: Shield23Foundation@gmail.com [www.Shield23Foundation.org](http://www.Shield23Foundation.org)

*The Shield 23 Foundation, Inc. is a 501(c)(3) nonprofit recognized by the IRS*



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RECIPIENT ELIGIBILITY (*Circle all that apply*) *NOTE: S23F may make contact to verify provided info*

1. Is an Active Duty: Firefighter Paramedic *on* FT PT POC Contract Volunteer *basis*

*Currently is*: Working *or* On Sick Leave/FMLA

[ ]***PLEASE ATTACH*** *proof of employment/roster status*

1. Has received a Diagnosis of Cancer (*Indicate type*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_

[ ] ***PLEASE ATTACH*** *brief letter of verification from physician*

FUNDS REQUEST Info *(Circle/complete all that apply)*

Amount: $\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ *or* Death Benefit $1023.00 *(Members Only)*

*To be used for*: Medical Transportation Wellness Household Meals Childcare Activity Gift Cards

Bill Paying (*specify payable to*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Supporting Info/Comments (*please limit to max 500 words; may attach a separate page*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CANCER & FIRE SERVICE DATA (*Optional-this info is voluntary and not required to receive gift-but may add to the base of knowledge and demographics related to firefighters and cancer*)

Years in Fire Service at time of Diagnosis: \_\_\_\_\_\_ Age at time of Diagnosis: \_\_\_\_

Has cancer diagnosis been deemed job related: Yes *or* No *or* Pending

If death from cancer, been deemed Line of Duty Death: Yes *or* No *or* Pending

WAIVER & ATTESTATION (*Mark with your initials all that apply*):

1. [ ] YES an S23F Representative may contact ME and/or RECIPIENT via [ ] phone and/or [ ] email
2. [ ] NO identifying info about RECIPIENT to be posted on the S23F website or related social media

*Furthermore, by my/our signature below I/we hereby understand and give permission for the RECIPIENT’s:*

1. [ ] participation in a pre-arranged, possibly public, Gifting Presentation
2. [ ] initials [ ] first name [ ] full name to be used *and/or* [ ] photo to be taken
3. [ ] above info to be posted on the S23F website *and/or* related social media sites
4. [ ] interview by *and/or* identification in television/radio/print press *and* other media releases
5. [ ] Finally, the information given in this form is accurate to the best of my/our knowledge

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

Signature of Person/Liaison Completing Form *(If other than Recipient)* Date

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

Signature of Recipient Date

 *Version March 2022*

6615 Grand Avenue Suite B-232 Gurnee Illinois 60031

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