

**MOLLY'S HOPE**  
**Application for Funding**

Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other phone (cell/work): \_\_\_\_\_

Amount of money requested: \_\_\_\_\_

Other sources of funding applied to and/or accessed (to include payment plans with doctors, other non-profit organizations, own funding, family help, etc): \_\_\_\_\_  
\_\_\_\_\_

Household Income: \_\_\_\_\_

If you are applying on a non-emergency basis, please attach documentation of income/unemployment. You may use tax returns, pay stubs, unemployment insurance letters, etc....

**Please explain why you are requesting funding from Molly's Hope, Inc.**  
(include need for surgery, type of surgery, financial situation, and what will happen if your pet does not receive this surgery)

All payments will be sent directly to veterinary hospitals upon receipt of bill at Molly's Hope, Inc.

I acknowledge that by signing this application, I am giving Molly's Hope, Inc. permission to use my name and/or my pet's name, as well as our "story" and pictures in publications and marketing sponsored by Molly's Hope, Inc. If I so request, I may state my wishes for Molly's Hope, Inc. to use an alias rather than our true names.

Applicant's  
signature \_\_\_\_\_ date \_\_\_\_\_

-----For office use only

Application reviewed \_\_\_\_\_  
Amount given \_\_\_\_\_  
Letter sent to applicant \_\_\_\_\_  
Payment to doctor sent on \_\_\_\_\_