



Mercy's Gift Application

Parent Information:

Name: _____

Date of Birth: _____

Phone/Alternate Phone: _____

e-mail Address: _____

Physical Address: _____

Other Parent:

Name: _____

Date of Birth: _____

Phone/Alternate Phone: _____

e-mail Address: _____

Physical Address: _____

Your Family Story: Do you have a child awaiting delivery with a fatal diagnosis, a child living with a terminal illness, or a child who has recently died?

Please tell us their story.

Living Children: Please share a little about the living child/children in your home?

Child(ren) applying for Mercy's Gift fund:

Please include name of school, activity, therapist, etc. where funds will be used, the activity address, phone number, contact name, and website, where applicable. Please also include the cost of tuition per month, semester, or session for the activity/ies.

Child's Name: _____
Date of Birth: _____
Activity: _____
Location: _____
Activity Contact Person/phone/email: _____

Second Child's Name: _____
Date of Birth: _____
Activity: _____
Location: _____
Activity Contact Person/phone/email: _____

Third Child's Name: _____
Date of Birth: _____
Activity: _____
Location: _____
Activity Contact Person/phone/email: _____

How will Mercy's Gift impact your family?

Is there a financial need? If so, please explain the situation/need?

Please include

Family Contact Info

Family Story

Living Child(ren)'s activities

Please submit a family photo.

I agree TeamMercy.org may use our likeness/image in promotional material.

Please submit completed form to:

TeamMercy.org

c/o Mercy's Gift

1079 W. Round Grove Rd. Suite 300-504,

Lewisville, TX 75067

or email complete form to info@teammercy.org