



Dear Applicant,

The United Breast Cancer Foundation (UBCF) is pleased to offer you the opportunity to receive a free Tempur-Pedic® mattress, the most highly recommended bed in America™. We are providing the community with 100 twin mattresses and 20 full size mattresses. Please complete the bellow form to be considered for this donation.

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you or a family member have breast cancer? YES  NO   
Are you or a family member in remission from breast cancer? YES  NO

Total number in household: \_\_\_\_\_  
Total number of children under the age of 18 in household: \_\_\_\_\_  
Total household income (salary, wages, social security, unemployment, alimony, child support, etc.): \_\_\_\_\_

What size mattress are you requesting? TWIN  DOUBLE  QUEEN

How did you learn about this opportunity? \_\_\_\_\_

Why is this donation helpful to you (check all that apply):

- 1. I have breast cancer
- 2. I am a breast cancer survivor
- 3. Financial hardship
- 4. Other: \_\_\_\_\_

Please share with us some words of gratitude: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you tell a friend about UBCF's programs? YES  NO

Check here to acknowledge that you can pick-up your mattress on the date of delivery.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sincerely,

Team United Breast Cancer Foundation