

# POLIOEPIC, INC.

*SERVING ARIZONA POLIO SURVIVORS SINCE 1985*  
P.O. BOX 17556 TUCSON, ARIZONA 85731-7556  
[contact@polioepic.org](mailto:contact@polioepic.org) [www.polioepic.org](http://www.polioepic.org)

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## **Frank Wadleigh and Charles Immler Memorial Fund**

**Polio Epic, Inc., Arizona's Post-Polio Support Group**, is accepting applications from its membership who are encountering the effects of Post-Polio syndrome.

This program is made possible by a bequest Polio Epic received from Frank Wadleigh, and Charles Immler, both long-time members and supporter of Polio Epic.

### **To apply, Polio Epic members:**

- ❖ Must live in Arizona, be a polio survivor and be a member of Polio Epic in good standing for at least **one year**.  
(Exceptions to be determined by the Board of Directors)
- ❖ Request funding for services that improve your health and/or safety, (such as walking aids, automotive or wheelchair accessories, tub or shower equipment, etc.). Or for health services by a qualified healthcare provider, (such as diagnostic testing related to Post-Polio syndrome).
- ❖ A receipt or documentation is required when applying (such as a prescription, invoice, doctor's orders, etc.).
- ❖ Must submit completed application to:

Cece Axton  
Phone: 520-495-5122  
email: [axton@cox.net](mailto:axton@cox.net)  
or mail: 870 North Hale,  
Green Valley, AZ 85614

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### **Maximum funding per member, not to exceed \$1,500 (Lifetime limit)**

Applications are reviewed and approved by the Board of Directors. Applicants will be notified by the administrator after a board meeting.

Applications are available by contacting a board member or can be downloaded from our website: [www.polioepic.org](http://www.polioepic.org)

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## FRANK WADLEIGH and CHARLES IMMLER MEMORIAL FUND APPLICATION

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### REQUEST FOR FINANCIAL ASSISTANCE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

#### 1. REASON FOR REQUEST:

Attach supporting documentation for need of durable goods, (such as walking aids, automotive or wheelchair accessories, tub or shower equipment). Or for health services by a qualified healthcare provider, (such as diagnostic testing related to Post-Polio syndrome).

#### 2. TOTAL COST OF REQUEST \$ \_\_\_\_\_

- a. My contribution will be \$ \_\_\_\_\_
- b. I need \$ \_\_\_\_\_ from Polio Epic (Maximum \$1,500 Lifetime limit)
- c. Preferred method of payment \_\_\_\_\_  
(if mail, give address, if electronic, please provide preferred method)

#### 3. I BELIEVE I WILL BENEFIT FROM THE FRANK WADLEIGH AND CHARLES IMMLER MEMORIAL FUND BY:

#### 4. I WOULD BE WILLING TO SHARE THE BENEFITS OF MY EXPERIENCE WITH OTHER POLIO EPIC MEMBERS, IF APPROPRIATE.

Yes

No

(Use back of page if more space is needed)

Revised 1/2019