

POLIOEPIC, INC.

SERVING ARIZONA POLIO SURVIVORS SINCE 1985
P.O. BOX 17556 TUCSON, ARIZONA 85731-7556
contact@polioepic.org www.polioepic.org

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 and be a member of Polio Epic for a minimum of **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
or mail: 870 North Hale,
Green Valley, AZ 85614

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

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FRANK WADLEIGH and CHARLES IMMLER MEMORIAL FUND APPLICATION

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