

# ***Act of Love Award Request***

from Spiritual Medicine program, Juicy Fruits Ministry.

Our Act of Love Award is an essential needs grant for the members of the Spiritual Medicine community. This grant is good for one calendar year of assistance up to \$500 per individual or family household. We request that you provide the supporting documentation/bills/patient summary and the best number or email address to contact you once a decision is made. All decisions are made by our JFM committee. We look forward to reviewing your request.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone / Phone Number \_\_\_\_\_

When did you join Spiritual Medicine Community? \_\_\_\_\_

What is your primary medical diagnosis (attach a current patient summary)? \_\_\_\_\_

Explain your request for assistance: \_\_\_\_\_

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