

PLEASE SIGN THE STATEMENT BELOW SO THAT WE MAY VERIFY THE ABOVE INFORMATION.

I, _____, give Cooper's Cause Foundation access to all medical records and permission to talk to any organization I am requesting funding for in my above statement in regards to my child _____.

Signature

Date

Subscribed and sworn to me by _____ on this _____ day of _____, 20_____.

Notary Public

Please print and mail this form along with the other requested documents to:
Cooper's Cause Foundation
3300 Mesa Way Suite C
Lawrence, KS 66049

Or email to:
cooperscausefoundation@gmail.com

Or upload documents to our secure website by clicking here.



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