



Our Heroes Information Sheet

Please email 2-3 pictures to hero@thecurestartsnow.org
Please fax this form to 513-326-3852
or mail to CSN; 10280 Chester Road; Cincinnati, OH 45215
Questions? Contact Rick Merk at 513-772-4888

Child's First Name : _____ Last Name : _____

State : _____ Country : _____ Date of Diagnosis : _____ / _____
Month Year

Type of Cancer : _____ Hospital : _____

Age at Diagnosis: _____ Currently Battling? Yes No

Website : _____

Yes No Do you want your funds earmarked for DIPG research only (if you say now, donations may or may not be used for DIPG funding)

Three Sentences About Your Child (500 characters max)

Parent's Contact Information (will not be published)

Name Contact Email Contact Phone Number

Address City State Zip code

Are you interested in setting up a tribute fund? Yes No

A tribute fund allows people to donate in honor of your child. You will receive notification of all donations to this tribute fund and thank you notes are sent from CSN, money goes straight to our restricted fund for research.

Do you want your tribute fund donations to be earmarked to DIPG research? Yes No

If you answer no, then the funds will still go directly to research, but it may or may not be specific to DIPG.

Are you interested in becoming a chapter? Yes No

Our chapter coordinate will contact you to discuss the details of what being a chapter entails.

May CSN use your child's pictures in its awareness and fundraising campaigns? Yes No

By signing below I agree to allow The Cure Starts Now Foundation to use the submitted information and any videos or photographs for its website. I understand that the submitted information will be made available to the public and all information is correct to the best of my knowledge. If agreed to above, I also release this information and materials to The Cure Starts Now Foundation for use in print, online, email and other awareness and fundraising campaigns. By signing I also attest that I am the legal guardian of the above child and have the right to release this information on behalf of the minor.

Signature

Printed Name

Relationship to the Child

Date