



High Desert Angels

Creating a better world... one family at a time.

Donor Request Form

Please read this form very carefully and follow all the instructions to complete the steps necessary to apply to be/nominate a recipient of the 2017 Cues for a Cure donation. Incomplete applications will delay processing of the application, please submit all required information. Please submit all information to Angie Miller at HDAngelsnp@gmail.com or call Angie at 760-987-1674 to set up a pick up.

High Desert Angels is looking for adults or children residing in the High Desert areas who have a cancer diagnosis.

Step 1 – Application Requirements:

Please include the following:

- Photograph: Must be clear and taken in the past year. It may include family, pet, etc.
- Letter: Your letter should be no longer than one page in length, one side, and refer to the illness you are battling.
- Tax Return: Please provide a copy of the signature page of your most recent tax return (Form 1040) or other proof of annual income (e.g. SSI, Disability Statement or Bank Statement)

Step 2 – General Information:

First Name: _____

Last Name: _____

Physical Address

Street Address: _____

Street Address Line 2: _____

City, State: _____

Zip Code: _____

Mailing Address if different than above

Street Address: _____

Street Address Line 2: _____

City, State: _____

Zip Code: _____

Phone Number: _____

E-mail: _____

Date of Birth: _____ Age: _____

How did you hear about High Desert Angels? _____

Who you were referred by: _____

Present Employer: _____

Current Annual Household Income: _____
Personal Reference we can Contact: _____
Relation: _____
Phone Number: _____
Is an application submitted or pending with another granting organization? _____
If yes, where?: _____
Have you set up a GoFundMe Page? _____
If so, what name is it under? _____

Step 3 – Medical Information:

This part to be completed by physician only

Physician Name: _____
Street Address: _____
Street Address Line 2: _____
City, State: _____
Zip Code: _____
Phone Number: _____
Fax Number: _____

If patient is under hospice care

Hospice Name: _____
Phone Number: _____

I certify that I am the treating physician of the Applicant. My patient has a diagnosis of _____. To the best of my knowledge, my patient has a life expectancy of _____, is of sound mind, and capable to sign legal documents.

Signature of Physician _____
Date _____



Step 4 - Agreement:

Granting of donation. High Desert Angels (HDA/HDCF shall assist with the donation requests for the person identified below ("Recipient") and recipient's immediate family members or caregiver – such as a spouse, significant other, caregiver, mother, father and/or dependent children, living in the home, under the age of 18, subject to the terms and conditions set forth in this agreement. High Desert Angels reserves the right in its sole and absolute discretion, to decide if a donation will be granted and on what terms. High Desert Angels shall have no obligation to fulfill any donation hereunder if it elects to terminate or abandon such donations pursuant to section 10 below.

Permission to disclose medical condition. The Recipient grants High Desert Angels the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the donation. Furthermore, the Recipient grants High Desert Angels permission to obtain medical information about the recipient which HDA may feel necessary for fulfillment of the donation and authorize all physicians and medical care providers to provide High Desert Angels with all medical information.

Waiver. The Recipient and all participants hereby waive any and all rights he or she may have or may hereafter acquire against High Desert Angels, its officers, directors, agents, and employees arising out of any injury, damages, or losses suffered by the Recipient, and all participants, arising out of or in any way related to High Desert Angels preparation, execution or fulfillment of the donation, regardless of whether such loss or harm is caused by the active, passive or gross negligence of High Desert Angels.

Release. Recipient, and all participants, together, and each of them individually, does hereby forever release and remise High Desert Angels, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to High Desert Angels preparation, execution or fulfillment of the donation, any injury, damages, or losses suffered by Recipient or participants, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the active, passive or gross negligence of High Desert Angels or any other person.

Indemnity. Recipient, and all participants, together and each of them individually, hereby agree to indemnify and hold harmless High Desert Angels, its officers, directors, agents, and employees of and from any and all losses suffered by High Desert Angels, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to High Desert Angels preparation, execution and fulfillment of the donation, or due to a breach by Recipient, or any participants, of the representations, warranties or covenants contained in this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorney fees and costs incurred by High Desert Angels, its officers, directors, agents, and employees in retaining attorneys of High Desert Angels choice to defend any and all such claims, lawsuits, and actions.

Relatives/Friends. No person may accompany the Recipient during any portion of the donation fulfillment, unless specifically agreed to in writing between High Desert Angels and donation Recipient.

Fundraising. As a participant in the High Desert Angels program, if needed, a campaign may be undertaken in your community, with your prior approval, to raise funds to fulfill the donation. Money raised will be used to be split up between 8 individuals in the High Desert. Representations and warranties. Recipient, relatives, friends and participants, jointly and severally, make the following representations and warranties to High Desert Angels:

- (a) they have made a true and full disclosure of all medical conditions to High Desert Angels;
- (b) all information contained in the application and any materials provided in support of the application are true and correct in all material respects;
- (c) they will notify High Desert Angels if and when Recipient's medical condition should deteriorate at any time prior to fulfillment of the Donation;
- (d) they are carrying, or during the fulfillment of the Donation shall be carrying, full medical insurance, including any additional coverage which may be required as a result of the Donation to be fulfilled, or that they assume the risk and personal responsibility of failing to carry adequate medical insurance;
- (e) if fulfillment of the donation involves travel, they are able to bear the financial burden of the potentially substantial expenses which they may be forced to personally incur as a result of unforeseen circumstances or events beyond High Desert Angels reasonable control (as set forth in paragraph 7), and that they assume the risk and personal responsibility for such expenses;
- (f) Recipient has not previously been granted a donation by High Desert Angels or another charitable donation granting organization; and (g) in requesting High Desert Angels to fulfill the donation, the donation Recipient is not relying upon nor have they received any counsel or advice from High Desert Angels with respect to the advisability of or the risks attendant to the Donation.

Termination of donation. High Desert Angels shall terminate the preparation and/or fulfillment of the Donation after the signing of the Agreement, if:

- (1) Donation Makers determines, after consulting with a medical professional, that fulfillment of the Donation may endanger the health or safety of Recipient or of others involved in the Donation;
- (2) High Desert Angels determines, after consulting with a medical professional, that the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the donation;
- (3) the Recipient passes away prior to the fulfillment of the Donation; or
- (4) High Desert Angels determines, in its sole and absolute discretion, that the donation Recipient, his or her donation or the participants of the donation do not compliment the values of the High Desert Angels or those of its corporate partners; or
- (5) Recipient and any participants have breached any of the representations, warranties or covenants contained in this Agreement. In the event, High Desert Angels aborts preparation or fulfillment of the donation, Recipient, and all participants agree that High Desert Angels shall not be held liable or responsible for any expenses that Recipient, or any participants may have incurred in contemplation of High Desert Angels fulfilling the Donation. NOTE: Only High Desert Angels may make a request for resources on behalf of a donation. If the donation Recipient, any participants, friends or anyone having knowledge of this donation uses the name of High Desert Angels to solicit support, the donation will be immediately disqualified and terminated.

Further Assurances. Recipient, and all participants agree that he or she shall, at the request of High Desert Angels execute and deliver to High Desert Angels all further documents that High Desert Angels deems necessary or appropriate in order to prepare, execute and fulfill the donation, including without limitation, evidence of permission to perform a background check on the Recipient. Counterparts. This Agreement may be executed in counterparts, any of which shall be deemed to be an original. Amendment. This Agreement shall not be modified or superseded, except by a writing executed by the parties.

Governing law. The laws of the state of California shall govern this Agreement without regard to its conflict of laws principles, Binding effect. This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto.

Severability. If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

Entire agreement. This Agreement, the application and all materials provided in support of the application constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein. Captions. The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions. Proof of financial hardship. Donation Recipient understands High Desert Angels reserves the right to request documentation of financial hardship. Grant of Right of Publicity. PARTICIPANTS UNDERSTAND AND AGREE THAT FULFILLMENT OF THE DONATION MAY RESULT IN PUBLICITY, WHETHER OR NOT THE DONATION FOUNDATION ACTIVELY TAKES STEPS TO PUBLICIZE THE WISH.

Donation Applicant Signature Here *

Date: _____

The donation Recipient and Participants hereby irrevocably authorize High Desert Angels: (a) to publicize and use Participants' likenesses, voices and features, with or without their names, for any publication, promotion, trade, business use, or any other purpose whatsoever; (b) to photograph, videotape, film, and record each participant in any manner High Desert Angels chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations, or anyone else; (d) to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any wish granted. The donation Recipient and each of the Participants agrees that it is not necessary for High Desert Angels or anyone else to contact them prior to releasing any information authorized by this document. Each of the Participants hereby releases High Desert Angels from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding Participants and the donation.

Donation participant signature

Date: _____

Donation participants parent signature if under 18

Date: _____

We regret that we are unable to grant the following types of donations:

- *Requests for adults or children with chronic illnesses*
- *Legal assistance - Funeral arrangements or posthumous requests*
- *Any donation request deemed offensive, inappropriate or inconsistent with the values of our foundation or our corporate partners*
- *Requests from individuals living outside the High Desert area*
- *Automobiles, Lifts, Repairs and RV rentals*
- *Property and home improvements or repairs*

