

## MSPJ Comfort Package Request Form

*Our Custom Comfort Care Packages are created with the patient in mind. They are designed to provide physical and spiritual comfort during treatment. Our packages features inspirational & non-medical care items will be a blessing to women in active treatment for breast cancer. Please visit our website for additional information.*

<b>REQUESTOR INFORMATION</b>	Date of Request ____/____/20____
Name: _____	
Phone Number: _____ Alternate Number: _____	
Email address: _____	

<b>RECEIPIENTS INFORMATION</b>	
Name: _____	Phone Number: _____
Address: _____	City: _____ State: ____ Zip _____
Date of Diagnosis _____	Stage I ____ Stage II ____ Stage III ____
Is Recipient currently receiving Chemotherapy? YES ____ NO ____	
If No, Start Date of Treatment: ____/____/20____ or Last date of Treatment: ____/____/20____	
Receiving Radiation? YES ____ NO ____	
If No, Start Date of Radiation: ____/____/20____	

Donation Options: Check      Cash      Money Order
Credit Card Payment: <a href="#">PayPal</a>
<i>After payment, please expect 5-7 business days for fulfillment / delivery of your MSPJ comfort package. Thank you!</i>
Money Orders can be mailed to: PO Box 14111, Detroit, MI 48214

<b><i>For office use only</i></b>
Name of MSPJ Member _____
Date of Basket Distribution _____

If you have any question, please contact us at [pinkjourney0@gmail.com](mailto:pinkjourney0@gmail.com)  
*Thank you!*