

**LAFAYETTE COUNTY CANCER COALITION
WIG, HAT & TURBAN ASSISTANCE FORM**

If you are in need of assistance paying for a wig, hat and/or turban, please complete the information below.

Please check the one that applies:

Wig

Hat

Turban

YOUR NAME:

YOUR ADDRESS:

YOUR PHONE NUMBER:

RETURN COMPLETED FORM TO:

LAFAYETTE COUNTY CANCER COALITION
PO BOX 88
HIGGINSVILLE, MO 64037

Visit us at www.lafcocancer.org for more information and other forms. We are also on Facebook.

I certify I am a permanent resident of Lafayette County, Missouri.

(Patient's signature)