



Vitamix Application

OCF has developed a medical needs program to provide a Vitamix Blender at no cost to a small number of people each month who can qualify for our donation program. It involves documentation from your treatment team that you have a medical need caused by oral cancer which is a **permanent post treatment condition**, and documentation of a financial disparity such as being on permanent disability that would preclude affording this premium kind of equipment. Fill out the application below to see if you qualify for OCF's program. All doctor's letters and financial status will be verified by phone before any units are gifted to patients or survivors. US residents only.

Applicant Information:

Name: _____
Address: _____
City: _____
State: _____
Email: _____
Phone: _____

Total monthly household income from all sources: _____

Supporting Documents Checklist:

Copy of current disability payment stub or monthly statement.

Letter from doctor on doctor's letterhead stating applicant is disabled and in need of a feeding tube for a permanent (not transitional) problem.

Email Scanned Documents or Mail to:

Please scan all documents and email to info@oralcancerfoundation.org

Mail to:

*The Oral Cancer Foundation
Attn: Vitamix Application
3419 Via Lido # 205
Newport Beach Ca. 92663*

Please allow up to three weeks for a response.