



The Uncle Sherman Fund, Inc.

PO Box 121
Jordan, NY 13080

Application

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

eMail: _____

Dog's Name: _____ Dog's Age: _____

Date Adopted: _____

Rescue / SPCA Name: _____ City, State: _____

Contact Name: _____ Phone: _____

Nature of Illness: _____

Attending Vet: _____

Expenses to Date: _____

Amount Requested: _____

Household Income: \$0 - 25K 26K - 50K > 50K (annual range)

Applicant Signature: _____

Please attach a copy of your adoption contract and an itemized Veterinary invoice for the expenses you wish us to consider for this grant. You may fax this completed application with the invoice to us at 1-800-431-0765, OR mail it to us at: PO Box 121, Jordan, NY 13080, OR scan it and email it to Applications@UncleSherman.org. We will contact you if further information is required for verification. Please note that individual grants are limited to a maximum of \$500. You may, however, apply for multiple grants in the case of extreme hardship.

We will contact you via phone or email with a status within 10 days of receipt of this application. If approved, a check will be sent immediately from our bank to you at the address you provide above.