

louie r. merlo foundation

Improving the quality of life of families caring for severely impaired children.

I. Applicant Information

- Name of Applicant: _____
- Relationship to Child: _____ Date: _____
- Home Address: _____
- City, State, Zip: _____
- Email Address: _____
- Primary Phone: _____

II. Family Member with Special Needs

- Full Name: _____
- Birthdate: _____
- Primary Diagnosis: _____
- Age at Time of Diagnosis: _____

III. Gift Request

Describe what the foundation could do for you family to enhance the quality of your *family's* life:

V. Submission Checklist

- Completed Application Form
- Personal Letter: Please attach a letter further describing your family's journey and the specific impact this gift would have.
- (Optional) Photo of your family or the specific item/service requested.

Please return completed applications to: thelrmfoundation@gmail.com