



EB Ambassador 'Fund a Butterfly' Application Form

debracanada.org


debra 
Working for a life free of pain.
Pour une vie sans douleur.

Photo Credit: Annette Cormier Photography

Please note: This is an annual program which does not restrict anyone from re-applying if they were not chosen the previous year.

APPLICATION

Personal Information

Applicant Full

Name: _____

Guardian or Caregiver

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit
#

City

Province

Postal Code

Home Phone: _____

Alternate
Phone: _____

Email _____

EB Subtype: _____.

You may be required to provide proof as per a Doctor's note of EB Subtype.

Debra Canada Membership NO. _____ (Admin to fill in)

Have you received previous funding through the Fund A Butterfly Program?

Please check:

YES _____

NO _____

If YES, Please detail wish description _____ and

amount received \$ _____.

