



"Every Family Deserves a Legacy"

P.O. Box 90 | Pisgah Forest, NC 28768

InheritanceOfHope.org

Physician Letter

BACKGROUND INFORMATION

Inheritance of Hope, a 501(c)(3) charity, is an organization devoted to inspiring hope in young families facing the loss of a parent. In addition to offering literature and support communities, Inheritance of Hope hosts Legacy Retreats®, all-expenses-paid experiences where families create lifelong memories and receive tools to navigate the challenges of terminal illness. We appreciate your willingness to facilitate a life-changing opportunity for your patient and his/her family. In an effort to maximize our positive impact on families, we are currently pursuing additional partnering opportunities within the healthcare community. For additional information, please contact Audra Milligan, Strategic Initiatives Director (863.512.5529).

PATIENT INFORMATION

Full name: _____ Birthdate: _____

Phone: _____ Email: _____

Diagnosis: _____ Stage/Grade: _____

Because of this condition, are the patient's children facing the loss of their parent? yes no

Is the applicant well enough to travel? yes no

Restrictions of the applicant: _____

DOCTOR INFORMATION

Doctor's name (print): _____

Office address: _____

Phone: _____ Email: _____



Doctor's signature: _____

Date: _____



Please scan and email this completed letter to info@InheritanceOfHope.org