

TED LINDEMAN OUTREACH FOUNDATION
STRENGTH, EMPOWERMENT, SUPPORT

PO Box 352 Jamison, PA 18929

1. Name: _____

2. Address: _____

3. Phone Number: _____ E-Mail Address: _____

4. Number of Dependents: _____

5. Date of Death (Please provide death certificate): _____

6. Cause of Death: _____

7. Monthly Mortgage Payment: _____

8. Child Care Provider: _____

9. Monthly Child Care Expenses: _____

10. Annual Income: _____

11. Additional Monthly Financial Necessities (Please Explain)

12. Please Provide Children's Birth Certificates

Business Office (215) 918-2796

E-Mail: ellen@TedLindemanOutreachFoundation.com

Web Site: <http://www.TedLindemanOutreachFoundation.com>