



Nik Wish Application

PO Box 8076,
Rockford, IL 61126
(815) 262-8825
www.nikolasritschelfoundation.org

Patient's Name: _____ Patients' Age: _____ Date of Birth: _____
Diagnosis: _____
Date of Diagnosis: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____
Hospital Name: _____
Oncologist Name: _____ Oncologist Phone Number: _____ Oncologist Email: _____
Social Worker Name: _____ Social Worker Phone Number: _____ Social Worker Email: _____

Patient's Story: (Tell Us about You: What was your life like before you were diagnosed? What is it like now)

Need Statement: (Tell us how a Nik Wish may provide support for you and/or your loved ones)

Have you ever received a wish before? (If so, what, when and who provided the wish)

Wish: _____
Date: _____
Organization providing wish: _____

Please indicate any travel restrictions or special instructions:

Oncologist or Social Worker's Signature: _____ Date: _____
Print Name: _____
Title Here: _____

Attachments Required:

- Attach a photo of the patient.
- Attach a letter on Hospital letterhead verifying the patient's diagnosis signed by the treating oncologist and/or hospital social worker.

Promotional Release:

- Check this box and sign below to grant The Nikolas Ritschel Foundation the right to use the patient and family's names, story, and pictures to help raise awareness for The Nikolas Ritschel Foundation, and to increase awareness of young adult cancer and the need for funding for an unlimited period of time in all media.

Patient Signature _____ Date _____

Email or send application to: kelli@nikswish.org or PO Box 8076, Rockford, IL 61126

The Nikolas Ritschel Foundation is recognized as a public charity under section 501(c)(3) of Internal Revenue Code.