



The U'ilani Fund 1510 King Street Santa Cruz, CA 95060

The U'ilani Fund is a non-profit organization (Tax I.D. #77-055244) developed to help women with breast cancer who live in Santa Cruz County, the San Francisco Bay Area and Hawaii obtain access to complementary treatments. It was developed to honor the memory of U'ilani Bermudez who was a family practice physician who lost her battle with breast cancer in July of 2000. U'ilani was a fun-loving and active person who was an avid backpacker, boogie-boarder and woodworker in addition to her work as a doctor. She was born and raised in Hawaii and lived in Santa Cruz for the last five years of her life.

When U'ilani received her breast cancer diagnosis she decided to use everything available to help her treat her cancer. In addition to the standard treatments of surgery, radiation and chemotherapy, U'i also took advantage of complementary care strategies, which allowed her to remain strong, active and positive throughout her treatment. We witnessed the value of complementary treatments for U'ilani and recognized that many women may not be able to benefit from them due to cost and lack of coverage by insurance. We have chosen to honor U'i's life by creating The U'ilani Fund, so that more women with breast cancer will have access to the same opportunities for the comfort and support that U'i had.

The guidelines of the U'ilani Fund allow for funding complementary treatments for women with breast cancer as a supplement to their standard medical treatment. In order to apply for funding you will need to live in Hawaii, Santa Cruz or the San Francisco Bay area. If so, fill out the attached application and provide verification from your physician that you are currently being treated for breast cancer, as well as a statement from your complementary medical provider describing the recommended treatment plan and cost. We also require verification of your complementary practitioner's training and/or licensure.

When we send a letter of determination to our recipients letting them know that they are receiving an U'ilani Fund grant we also ask the recipient if they are willing to send us a photo of themselves. We use these pictures to help our donors get to know the amazing recipients that they are helping to support. At the end of the attached application you will be asked to sign a statement of permission to use your picture if you choose to send one to us after you receive funding.

Thank you for your interest in the U'ilani Fund. We wish you the best in your healing.

www.uilanifund.org

The U'ilani Fund - - Application for Funding
(Applications accepted from Santa Cruz, Hawaii and the San Francisco Bay area only)

Name _____ Date of Birth _____

Address _____

Email _____ Phone _____

Currently working? Y N Household Income _____ Number in household _____

Date of breast cancer diagnosis? _____ How did you hear about the

U'ilani Fund? _____

Information on your current medical doctor who is treating you for breast cancer:

Name _____

Address _____

Information on your current complementary practitioner:

Name _____ Phone Number _____

Address _____

Type of practitioner (acupuncturist, herbalist, etc.) _____

Requested amount (Fund accepts requests for up to \$500) _____

Please briefly describe the type of complementary treatments you are requesting funding for:

To complete the application process please send this application and the following information from your practitioners to The U'ilani Fund: 1) Documentation of your breast cancer diagnosis from your medical doctor, and 2) Description of the complementary treatment proposed, which includes cost and length of treatment and information on training and/or licensure of your complementary practitioner.

In the event that I may provide personal photographs to the U'ilani Fund, I grant the right to use such photographs in connection with any publicity generated by the U'ilani Fund. I authorize the U'ilani Fund, to copyright, use and publish the same in print and/or electronically. I agree that the U'ilani Fund may use such photographs of me with or without my name as publicity, illustration, advertising, and Web content.

I HAVE READ AND UNDERSTAND THE ABOVE.

Name (Printed) (Signature) Date _____