F.A.C.T.

Financial Assistance for Cancer Treatment
P.O. Box 624
Tiffin, OH 44883
419-937-2540

Transportation Mileage Form

Name:_____
Address:_____
City, State, Zip:_____
Telephone:_____

Date	Name of Treatment Center	Mileage	Signature of Attendant
	Total Monthly Mileage =		

Return completed and signed form to above address