



**SCLERODERMA ATLANTIC
SCLÉRODERMIE ATLANTIQUE**

**The David Shea Memorial Support Fund
Application Form**

Date: _____

Full Name: _____

Email: _____

Phone Number: _____

I confirm that I am living with scleroderma (please use check mark) _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Postal Code: _____

Province: _____

I would like to receive occasional emails from Scleroderma Atlantic with helpful information, organization updates, and more. _____ Yes _____ No

Please list the type of expense being submitted for reimbursement and include copies of the receipts with your application. If you need more space, please use the back of this page.

If you are mailing your application, please send it to:

PO Box 31102 Gladstone

6155 North Street

Halifax, NS B3K 4P0