

Lt. Thomas F. Healy Foundation
Grant Application

Name of FDNY Member _____

Name of Patient _____ Relation to FDNY Member _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email (optional) _____

Referred By _____ Phone _____

Additional Information/Comments/Requests _____

Please indicate to whom the check should be made payable. _____

Grants are offered up to \$1,000.00.

Please mail to:

or email:

Lt. Thomas F. Healy Foundation
P. O. Box 445
Baldwin, NY 11510
Attn: Grant Request

info@lthealyfoundation.org

For questions or to request more information, please visit our website
www.lthealyfoundation.org or call Tom Healy 631-960-2710

For Office Use Only:

Approved Date: _____ Grant Sent: _____

Foundation Board Member Signature _____

Print Name _____