## **Gas Card Information Form**

Gas Card Recipient:				
Contact Number:				
Date:				
Age (Please Circle):	1-18	18-56	56 & over	
Destination (please circle): Marquette			Petoskey	Escanaba
	Sault Ste. Marie		Other:	
What type of Doctor ar	e you seei	ng:		
Has GCCP helped you before: Yes			No	
If yes, How?				
Who recommended us	to you:			
For office use only:				
Approved by:		<del>-</del>	Date:	

Please attach Gift Card Activate Receipt

Standard amount is \$25

## **GAS CARD RECIPIENTS**

- You must fill out an Application Form and Gas Card information form.
- 2. We must have a copy of your current ID
- 3. Please allow a minimum of 48 hours to process and approve.
- 4. When asking for additional help, we MUST have a letter from your doctor, ON THEIR LETTERHEAD, stating your appointment date and time.
- 5. The Administrative Assistant will provide you with the forms: Monday Thursday from 9:00 am to 12:00 noon.
- 6. As with your initial application, we need a minimum of 48 hours.