



Cliona Ring Foundation – Application Form

Name: _____

Address: _____

Contact Number: (H) _____ (M) _____

Brief details of Child's Illness:

Name of G.P./ Consultant: _____

Name of Hospital: _____

Contact Number: _____

Requirements: Please attach letter of support from either your G.P. or your Consultant.

Please forward application form to:

Cliona Ring Foundation, 'San Giovanni', Lough Gur, Bruff, Co Limerick

Supporting families of Children facing life threatening illnesses

www.clionaringfoundation.com