



Pay it Forward Request

****Please note the new requirements for submitting a request at the bottom of the form****

Date: _____

Request for: _____

Address: _____

Requested by: _____

Contact Phone/Email: _____

Brief Description:

Is there a benefit planned? _____ Is there a GoFundMe Page? _____
If so, when and where? _____

Complete the downloaded form along with a **copy of your driver's license and doctor's note.**

You must live in Upper Peninsula to receive assistance

Mail or email to the address and mail to:

UP Pink Power
PO Box 907
Gwinn, MI 49841
uppinkpower@gmail.com

All requests will be considered by UP Pink Power members