



Blanket Of Hope Care Packages:

When someone is diagnosed with pancreatic cancer, it helps to know they are not alone. We offer a special care package for any patient with this disease. Each contains a purple blanket and other items to keep you or a loved one comfortable during treatment.

We send out hundreds of Blanket of Hope care packages each year—over **5,000** total.

Are you interested in having a Blanket of Hope care package or a patient aid application sent to you or someone you know? Fill out the included form and send it to our main office, or apply online.

project  purple®

— A WORLD WITHOUT PANCREATIC CANCER —

We can help.

Project Purple is an impact-driven organization with a vision of a world without pancreatic cancer.

We are committed to finding a cure for this disease as well as improving the lives of patients through support, hope, and compassion.

To date, we have invested over **\$5,500,000** in scientific research grants and over **\$2,000,000** in patient financial aid to over **2,000** families.

To find out more, donate, or request aid, visit us at:

www.projectpurple.org



run4projectpurple



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P: 203-714-6052 F: 203-720-2156

Ways We Help Pancreatic Cancer Patients and Families

Patient Financial Aid
Nutrition Assistance
Blankets of Hope



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203-714-6052

Patient Financial Aid Program:

At Project Purple, we know that the medical bills and everyday living expenses do not stop because of a pancreatic cancer diagnosis. Due to the physical toll of the disease and treatment, many patients are unable to work. We can help!

We offer a patient financial aid program to assist with living expenses such as rent/mortgage, utilities, and medical bills.



Nutrition Assistance Program:

Project Purple is now providing healthy and convenient pre-made meals to our patients and their families. Our goal is to continue helping patients focus on recovering from pancreatic cancer.

Some restrictions apply. Not available in all states.
Visit our website for more info.



Patient Financial Aid/Care Package Request Form:

I WOULD LIKE:

- ☐ Blanket of Hope Care Package
- ☐ Nutrition Assistance Application
- ☐ Patient Financial Aid Application
- ☐ Patient Financial Aid Application (In Spanish/Español)

I AM A:

- ☐ Patient
- ☐ Family/Friend of Patient who would like a Blanket of Hope Care Package to be sent to the address below, directed to:

Patient Name: _____

Relationship to Patient: _____

Full Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Send this completed form to:

Project Purple

**P.O. Box 884
Seymour, CT 06483**

**P: 203-714-6052
F: 203-720-2156**

To apply for patient financial aid, visit us at:



bit.ly/projectpurplepfa

To learn more about nutrition assistance, visit us at:



bit.ly/purplenutre