

NICU families seeking outreach and assistance please complete this form, answer all questions, save the information and email it to info@michaelsfeat.org.

Name
Email
Address
City/Town/Zip
Phone/Cell
Child's Name
Date of Birth
Name of NICU
Physician's Name

Please provide details regarding your child's illness/condition.

How can Michael's Feat be of assistance?

By submitting this request for assistance via email, you have fully reviewed and agreed to the following disclaimer:

The Michael Gerard Puharic Memorial Fund, Inc. ("Michael's Feat") is a 501(c)(3) nonprofit corporation organized pursuant to the provisions of Title 15A of the New Jersey Revised Statutes known as the New Jersey Non- Profit Corporations Act. The above information is being provided by the requesting party to Michael's Feat so as to provide Michael's Feat with sufficient information to determine if the requesting party's circumstances fall within the scope of the Michael's Feat mission. The fact that the requesting party is seeking assistance does not guarantee that any assistance of any type will be provided by Michael's Feat, nor is Michael's Feat obligated under any circumstance to grant any assistance whatsoever to the requesting party. Michael's Feat does not discriminate based upon race, color, religion, sex, nationality or national origin, ancestry, marital status, age, disability, affectional or sexual orientation, familial status, source of lawful income, or any other characteristic, perceived or actual. The decision whether to provide any assistance to the requesting party, and the form of such assistance, if any, is based solely upon whether the requesting party's circumstances fall within the scope of the Michael's Feat mission, and said decision is solely within the determination of the Board of Directors of Michael's Feat. The Board of Directors is not under any obligation to grant any assistance of any type to any requesting party. If any assistance.