

**Reimbursement Request**

**Post-Surgical Breast Cancer**

**Counseling Service Program**

Recipient: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

By completing this form you agree to the terms of the program. Ta Ta Rebels will reimburse up to \$300.00 per person during our fiscal year (July1 -June 30) for counseling sessions after treatments and surgeries are completed.

Rang the Bell Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Forms to:

Ta Ta Rebels Inc.  
PO Box 501  
Elizabethtown, PA 17022

or Email:  
tatarebels247@gmail.com

Ta Ta Rebels Inc.

Approved:

Date: \_\_\_\_\_