



Knot Alone - Cancer Recipient Referral Form

Thank you for helping us reach those in need of encouragement and support. Knot Alone's mission is to bring love, hope, and encouragement to those impacted by cancer through the power of music.

This form helps us personalize each visit and care basket to make the recipient feel loved. Please fill out as much information as possible.

Your Name

Your Relationship to the Recipient

Phone Number

Email Address

Recipient's Full Name

Recipient's Address (include city, state, and zip code)

Recipient's Diagnosis and Brief Background about their journey

What are their current needs or struggles?

We put together customized care baskets. Any allergies or items to avoid?

Care basket ideas: Favorite colors, snacks, hobbies (reading, crafts, sports, etc) pets, favorite scripture, any personal requests.

We encourage a surprise visit - is that OK?

Preferred month for a visit (or 'as soon as possible')

Any specific prayer request the recipient is needing right now?

Are they OK with having a public version of their video shared on YouTube (or unlisted link only)?

Do you feel the family will be okay with a Knot Alone yard sign placed as we leave the house?

Thank you for allowing us to be a small part of this journey. We believe no one should walk through cancer alone. We're here to remind them they are loved and not alone through the power of music.

You can email this completed form to: KnotAloneworship@gmail.com