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**HUMBOLDT AREA  
FOUNDATION**

## Phyllis Nilsen Leal Memorial Fund

Louis Leal established this fund in honor of his wife, Phyllis Nilsen Leal. The Leal Fund was established to provide children suffering from cancer, or other sicknesses, something to lift their spirits during their treatment. This could be a piece of equipment, a tutor, books, toys, or other items and experiences that could lift the child's spirits.

In a letter from 1987, Mr. Leal stated:

“Having endured many forms of cancer treatments, she (Phyllis) was quite concerned to see the many younger people-children from teens and much younger, undergoing treatment for cancer. I am sure that she would be pleased to have the income from this fund go to helping these youngsters while they are undergoing treatment. Something to help ease their trauma during this period. Maybe buy a piece of equipment for their use. A wheelchair? Possibly to pay for a tutor while at home convalescing.”

Applications must be made through a qualified sponsor, such as a recognized social service agency, school counselor or medical provider. This sponsor will help to administer the funds which are granted. ***Please Note: Only residents of Humboldt County are eligible to apply.***

Questions about the application process or release of funds should be directed to the Grants Department at Humboldt Area Foundation (707) 442-2993. You can also email inquiries to [grants@hafoundation.org](mailto:grants@hafoundation.org).



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# Leal Fund Request Form

*Recommendation for funds on behalf of an individual. All information provided will remain confidential.*

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

**REQUEST**

Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

Family Monthly Income: \$ \_\_\_\_\_ # of people in household: \_\_\_\_\_ What kind of insurance? \_\_\_\_\_

Describe Nature of Request:

***Please attach a note on letterhead that describes the medical condition for which funds are requested.***

Amount requested: \$ \_\_\_\_\_ If approved, payable to (name, address and zip code):

\_\_\_\_\_

Recipient Social Security Number: \_\_\_\_\_

**Forward request to:**     **Humboldt Area Foundation**     **grants@hafoundation.org**  
   **363 Indianola Road**                     **(707) 442-2993 office**  
   **Bayside, CA 95524**                     **(707) 442-9072 fax**

*Please do not write below this line. For Office use only.*

Program Officer: \_\_\_\_\_ Committee: \_\_\_\_\_ Send to: \_\_\_\_\_

Action: \_\_\_\_\_ Review Date: \_\_\_\_\_ Fund ID: \_\_\_\_\_

Amount: \_\_\_\_\_ Profile #: \_\_\_\_\_

Check to:  
Name: \_\_\_\_\_ Grant #: \_\_\_\_\_

Add: \_\_\_\_\_ Batch #: \_\_\_\_\_