

**MEMORY/HONOR BOARD SUBMISSION FORM**

*(Please Print)*

I would like to make a donation (check all that apply):

In Memory of \_\_\_\_\_,  
*(name)*  
\_\_\_\_\_, who lost her battle with ovarian cancer.  
*(age)*

In Honor of \_\_\_\_\_,  
*(name)*  
who is an ovarian cancer survivor of \_\_\_\_\_ years.

Amount of Donation: \$ \_\_\_\_\_

Enclosed is a non-returnable photo to be displayed on the Memory/Honor Board. Photo may be scanned and emailed to [President@deovariancancer.org](mailto:President@deovariancancer.org).

Your Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Make checks payable to "DOCF"  
*(Teal Ribbon 5K in memo line).*

Send this completed form, photo (optional)  
and check by **September 1<sup>st</sup>** to:

**Teal Ribbon 5K**  
Memory/Honor Board  
Delaware Ovarian Cancer Foundation  
701 Sweetleaf Drive  
Wilmington, DE 19808

The Delaware Ovarian Cancer Foundation is a volunteer-driven 501(c)(3) charity organization. Donations are tax deductible. Tax I.D. #27-1158450.

Your canceled check is your receipt.

*Thank you for your support and generosity!*

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