



On the Wings of Hope
Teal Ribbon Luncheon and Silent Auction
Ticket Order/Donation Form
Photocopies accepted.

 Last Name (Please Print) First Name

 Mailing Address

 City State Zip

 Phone Number (including area code)

 Email Address

How did you hear of this event? _____

Ovarian Cancer Survivor: Yes Birthday _____ Year Diagnosed _____
 (Ovarian Cancer Survivors FREE with PAID guest)

- I would like to purchase _____ tickets @ \$40 each for the luncheon.
- I would like to purchase a Table (seats 10 people) for \$360 (10% discount).
- I would like to make a donation of \$ _____ in Honor of an ovarian cancer survivor:

- I would like to make a donation of \$ _____ in Memory of a life lost to ovarian cancer:

- I am unable to attend the Teal Ribbon Luncheon, but please accept my donation of \$ _____.

DONATIONS OF \$25 OR MORE WILL BE LISTED IN PROGRAM

Your non-refundable payment must be received by **September 6th**. ALL TICKETS WILL BE HELD AT THE DOOR. Please send this completed form with check or money order (payable to 'DOCF').



DOCF Teal Ribbon Luncheon
 701 Sweetleaf Drive
 Wilmington, DE 19808
 Website: www.DEOvarianCancer.org

DOCF maintains a special purpose fund established at the Delaware Community Foundation, a 501(c)(3) organization. All donations are tax deductible. Your canceled check is your receipt.

Thank you for your support and generosity!



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