

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.

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 9th** 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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