

2016 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 2016 Memory/Honor Board. Photo may be scanned
and emailed to President@deovariancancer.org.

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

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

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

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

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

Send this completed form, photo (optional)
and check by April 18th to:

2016 Teal Ribbon 5K
Memory/Honor Board
Delaware Ovarian Cancer Foundation
701 Sweetleaf Drive
Wilmington, DE 19808

The DOCF Fund is 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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