MEMORY/HONOR BOARD SUBMISSION FORM

(Please Print)

I would like to make a donation (check all that apply): ☐ In Memory of _____ , who lost her battle with ovarian cancer. ☐ In Honor of ____ 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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(age)
In Honor of,
(name)
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