

2019 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 2019 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 April 20th to:

2019 Teal Ribbon 5K
Memory/Honor Board
Delaware Ovarian Cancer Foundation
701 Sweetleaf Drive
Wilmington, DE 19808

DOCF maintains a special purpose fund 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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