

**2018 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 2018 Memory/Honor Board. Photo may be scanned and emailed to [President@deovariancancer.org](mailto: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 20<sup>th</sup> to:**

**2018 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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