## **West Islip Breast Cancer Coalition presents**

## Pink Flags of October

Help the West Islip Breast Cancer Coalition support October as Breast Cancer Awareness Month by participating in an extraordinary event! This is your opportunity to celebrate "in honor of" or "in memory of" your family and friends whose lives have been affected by Breast Cancer.

For 2023, PINK FLAGS will be placed around Good Samaritan Hospital, the Catholic Health Cancer Institute and Women's Imaging Center, waving for the entire month of October. **Sunday, October 1 at noon** there will be a ceremony to honor and remember those affected by breast cancer.

## **Show Love & Devotion for the Special People in Your Life!**

Donation of \$20 per ribbon is appreciated.  Indicate name to be placed on the ribbon:  □ IN LOVING MEMORY OF:	☐ I would like to dedicate a brick!  The cost of one brick is \$100.  Indicate below your desired wording to be inscribed.  You have 3 lines with 14 characters per line, including spaces. You can use the titles "IN MEMORY OF" or "IN HONOR OF" or whatever wording you choose.
□ IN HONOR OF:	
—————————————————————————————————————	
Contact and Payment Information Ribbons are \$20 each. Bricks are \$100 each. We accept check or	r credit card only (use the form below or pay online), NO CASH.
Mail to: West Islip Breast Cancer Coalition Online: http://v P.O. Box 247 Select a	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe
Mail to: West Islip Breast Cancer Coalition Online: http://v P.O. Box 247 Select a	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe button either "In memory of" or "In honor of" to transfer to PayPal. Click ue" to enter your credit card information through our secure website.
Mail to: West Islip Breast Cancer Coalition P.O. Box 247 West Islip, NY 11795 Online: http://www.select.ac.in.com/select.ac.i	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe button either "In memory of" or "In honor of" to transfer to PayPal. Click ue" to enter your credit card information through our secure website.  (Make check out to "West Islip Breast Cancer Coalition")
Mail to: West Islip Breast Cancer Coalition P.O. Box 247 Select a West Islip, NY 11795  My check is enclosed in the amount of: \$	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe button either "In memory of" or "In honor of" to transfer to PayPal. Click ue" to enter your credit card information through our secure website.  (Make check out to "West Islip Breast Cancer Coalition")
Mail to: West Islip Breast Cancer Coalition P.O. Box 247 Select a "Continu	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe button either "In memory of" or "In honor of" to transfer to PayPal. Click ue" to enter your credit card information through our secure website.  (Make check out to "West Islip Breast Cancer Coalition")  (Provide info below)
Mail to: West Islip Breast Cancer Coalition P.O. Box 247 Select a "Continu"  My check is enclosed in the amount of: \$  Charge my credit card in the amount of: \$  Visa Mastercard American Express Discover	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe button either "In memory of" or "In honor of" to transfer to PayPal. Click ue" to enter your credit card information through our secure website.  (Make check out to "West Islip Breast Cancer Coalition")  (Provide info below)  Your name:
Mail to: West Islip Breast Cancer Coalition P.O. Box 247 Select a "Continu"  My check is enclosed in the amount of: \$  Charge my credit card in the amount of: \$  Visa Mastercard American Express Discover  Card #	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe button either "In memory of" or "In honor of" to transfer to PayPal. Clic ue" to enter your credit card information through our secure website.  (Make check out to "West Islip Breast Cancer Coalition")  (Provide info below)  Your name:  Address:
Mail to: West Islip Breast Cancer Coalition P.O. Box 247 Select a West Islip, NY 11795  My check is enclosed in the amount of: \$	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe button either "In memory of" or "In honor of" to transfer to PayPal. Clic ue" to enter your credit card information through our secure website.  (Make check out to "West Islip Breast Cancer Coalition")  (Provide info below)  Your name:  Address:  City: State: Zip: Phone:
Mail to: West Islip Breast Cancer Coalition P.O. Box 247 Select a West Islip, NY 11795  My check is enclosed in the amount of: \$	wibcc.org/index.php/events-fundraising/pink-flags-of-octobe button either "In memory of" or "In honor of" to transfer to PayPal. Clic ue" to enter your credit card information through our secure website.  (Make check out to "West Islip Breast Cancer Coalition")  (Provide info below)  Your name:  Address:  City: State: Zip: