



Benton Woman's Club - *Paint The Town Pink*
Breast, Cervical, or Ovarian Cancer Patient Form

Name: _____

Address: _____

Phone: _____

Email: _____

Recommended by: _____

(If applying on behalf of a warrior)

****We will not share this information; we will use it only to get requested items to the patient and/or distribute information about future Paint the Town Pink events.**

Item Requested (Please choose 1):

- ☐ Cold Therapy Gloves and
Socks (used with Chemo to help prevent
neuropathy) + a \$200 Gas Card
- ☐ \$250 Gas Card
- ☐ Wig Purchase (up to \$250.00 value)

Funding for items will be available in October of each club year (following our PTPP fundraiser) We will distribute until funds are depleted for the club year. Return the Form to:

bentonwomansclub@gmail.com

