



Benton Woman's Club  
Paint The Town Pink

*Breast Cancer Patient Application*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(We will not distribute this information; we will only use it to let you know how to pick up your item and/or give you information about future Paint the Town Pink events.)

Item Requested (Please choose 1):

\$25 Gas Card

Cold Therapy Gloves

Cold Therapy Socks

*Funding for items will be available in October of each club year (following our PTP fundraiser) We will distribute until funds are depleted for the club year.*

Please Return the Application to: [bentonwomansclub@gmail.com](mailto:bentonwomansclub@gmail.com)

