



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):

- Cold Therapy Gloves and  
 Socks (used with Chemo to help  
prevent neuropathy)
- \$50 Gas Card

*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. Return the Application to:*

bentonwomansclub@gmail.com

