





## **Tribute Card Request Form**

Honor the memory of someone, or give thanks to someone who has been special in your life, while you help raise funds for cancer research.

Fill out this form to request a tribute card as an acknowledgment of your donation and submit with your gift to:

The Pap Corps 1191 N East Newport Center Drive, Suite 107 Deerfield Beach, FL 33442 Contact: info@thepapcorps.org or (954)-425-8100

Select Tribute Type: ☐ IN HONOR OF Select the closing of the card: Love By With Gratitude Other: \_\_\_\_\_ ☐ IN MEMORY OF Select the closing of the card: With Heartfelt Sympathy With Our Deepest Sympathy With Our Deepest Condolences **Recipient Information:** Tell us who to send the card to: Recipient Name: Street Address: City, State, Zip Code: \_\_\_\_\_ **Donor Information:** Tell us how to sign the card: Sign Your Card: \_\_\_\_\_ Enter your chapter: \_\_\_\_\_ Check# \_\_\_\_\_ Check Date \_\_\_\_ Check Amount: \_\_\_\_