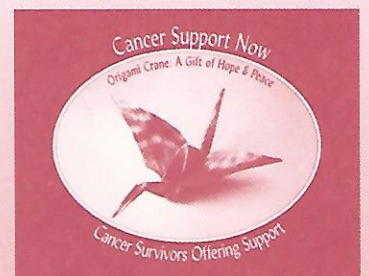


*Has Cancer Touched your Life
Have you been helped along the way?*

Has someone been there for you ...Gone the extra mile...Provided support...
Been an angel...Provided excellent care...Been a good friend...
Understood...Cared...Helped figure out medical bills...Listened....
Given a supportive solution...

Show your appreciation
tell the world how much you care

Cancer Support Now's
Hope and Healing Honors
Submission form



Hope and Healing Honors

Indian Pueblo Cultural Center

2401 12th Street NW

September 24, 2016 noon-2:30 p.m.

Emcee: Shelly Ribando, news anchor, KOAT TV

Presentations

Tapas Silent Auction Music

Ticket includes museum and American Indian Dance Performance which starts at 11 a.m.

Please return reservations on or no later than September 12, 2016 to

Cancer Support Now P O Box 37338 Albuquerque, NM 87176

Please check one:

☐ Yes, I will be attending the Hope and Healing Awards

☐ Please reserve ____ tickets at \$65 each.

☐ Please reserve ____ tables of 9 at \$575 each

☐ No, I cannot attend. Please accept a donation of \$_____

Payment: (Please check one)

☐ Enclosed is my check made payable to Cancer Support Now in the amount of \$_____

☐ Please charge my: ☐ MasterCard ☐ Visa Amount _____

Card Number _____ Expiration date _____ Billing zip code _____

Signature _____

Name _____ Title _____

Organization _____ Department _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Submission Form

Submission Requirements

1. A completed honoree form
2. A maximum 300 word narrative outlining specific examples that describe how the honoree contributed to the needs of cancer survivors and their loved ones. Include why you feel they deserve the award. This summary may be used for publication purposes.
3. Honorees will be invited to attend the event as the guests of Cancer Support Now.
4. Use one form per honoree.

Deadline for submission is Monday, August 15, 2016

Mail to : **Cancer Support Now**, P O Box 37338, Albuquerque, NM 87176

Email: info@cancersupportnow.org

I am honoring:

Name _____ Title _____

Organization _____ Department _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

The honoree is a

☐ Physician ☐ Nurse ☐ Other healthcare Provider ☐ Business ☐ Volunteer/Individual

Nominator information:

Name _____ Title _____

Organization _____ Department _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Send me information on: ☐ Cancer Support Now ☐ Volunteer Opportunities

Questions?

Call: 505.255.0405 or 855.955.3500

Email: info@cancersupportnow.org

Cancer Support Now

P O Box 37338

Albuquerque, NM 87176

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Cancer Support Now

We live in a community where no one has to go through cancer alone, whether as a survivor or caregiver, whatever their needs may be. We are a community of survivors reaching out, supporting, educating and assisting survivors, their loved ones and caregivers.

Helpline: Eleanor at 505-255-0405 or 855-955-3500

Community Navigators: Sarah (Se habla Espanol.)

at 505-890-1205 E: sarah.contreras@Q.com

Eleanor at 505-255-0405

Classes and Programs: Patricia at 505-307-3414

Website: [www.http://cancersupportnow.org](http://cancersupportnow.org) email: info@cancersupportnow.org

Facebook: <https://www.facebook.com/cancersupportnow>