

Shine Bright Join the Fight

October is Breast Cancer Awareness Month

Contact Information:

Name _____

Address/Building _____

Phone number/Extension _____

What would you like printed on the star? (i.e. your name, another person's name, "In memory of _____," "In honor of _____," "_____ is a Breast Cancer survivor," etc. Use the space below for specifics or another message.)

Check the size that you would like to purchase. **If you wish to have messages printed on multiple stars, you will need to complete a separate order form for each star being purchased.**

_____ **5" star**

\$1.00 to \$4.99 donation

_____ **9" star**

\$5.00 to \$9.99 donation

_____ **12" star**

\$10.00 to \$14.99 donation

_____ **15" star**

\$15.00 donation or more

_____ Check here for the "**Breast Cancer Awareness Ribbon**" if you are donating \$20 or more.



Return this form and payment to Palisades High School c/o Leslie Patience. Checks should be made payable to **Breast Cancer Research Foundation**.