

**TUMC Cancer Event**

**In Memory Of:**

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

Type of Cancer: \_\_\_\_\_

City & State: \_\_\_\_\_

**In Honor Of:**

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

Type of Cancer: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

**RSVP:**

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

Are you a cancer patient/Survivor? Yes or No

Number Attending: \_\_\_\_\_

**Please return the completed form to Trinity United  
Methodist Church at: 407 Duquesne Ave., Trafford, PA 15085**

**RSVP by October 1, 2015**