

FACES OF CANCER

The American Cancer Society Relay For Life is a powerful and inspiring event that unites communities to honor loved ones who we have lost to cancer and celebrate people who have battled the disease. This fundraiser will raise awareness about the steps we can take to help prevent cancer while also raising money to find cures and support programs and services for those facing the disease.

Our **“Faces of Cancer”** will feature Cobb County cancer survivors who have inspired others and made significant contributions in their fight against cancer. The honoree’s picture and written testimony of survivorship will be printed on a story board displayed at Town Center Mall throughout the month of October. All honorees will be recognized at an unveiling event held at Town Center Mall on Thursday, October 1, 2015.

For a donation of \$1,000, businesses, organizations, teams, and individuals can feature a survivor of their choice to be one of our **“Faces of Cancer”**. All donations will benefit Relay For Life in Cobb County and will be used to fund cancer research, patient support and cancer education programs.

Join the fight today by honoring YOUR loved one!



“Faces of Cancer” - \$1000

Benefits

- Story and picture featured on Facebook page including company/individual (optional)
- Your company/individual name as the donor on the story board
- Positioned as an organization committed to the fight against cancer
- Stories will be featured at Town Center Mall during the month of October.




**TOWN CENTER
AT COBB**
A SIMON MALL

Faces of Cancer Commitment Form

This agreement represents the acceptance and commitment of _____ to serve as a **"Faces of Cancer"** representative of the American Cancer Society's Relay For Life Cobb County event at Town Center at Cobb Mall.

_____ will provide payment for the agreed upon cash contribution of \$1000 to be in remittance to the American Cancer Society by August 31, 2015

Name to be featured on the story board: _____

In Memory Of / In Honor of (circle one)

Signature: _____ Date: _____
Faces of Cancer nominee or authorized representative

Contact: _____

Phone: _____ Email: _____

Commitment form and payment due by August 31, 2015

- I have already donated \$1,000 on the Relay website, www.RelayForLife.org/CobbGA
- Enclosed is my check in the amount of \$1,000
- Charge my credit card (please print clearly)

Card Type: VISA MasterCard Discover AMEX

Cardholder's name: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Card number: _____ Exp. date: _____ Security code: _____

American Cancer Society
Attn: Cobb Relay
1825 Barrett Lakes Blvd, Suite 280
Kennesaw, GA 30144

Staff Contact: Aires Williams & Mandy Putnam
Phone: 770-429-1624 ♦ Fax: 770-429-9824
Email: cobb.relay@cancer.org