

FIRST \$1!!!		\$4 for a future with less cancer	\$5 for education	\$1 for:	\$3 for my grand daughter	\$3 'cause I'm proud of you	\$5 to "Save the Ovaries"	\$3 For:	\$10 for my Mom	\$5 'cause I'm proud of you	\$3 for a future with less cancer
\$2 For:		\$5 for my Mom/Sister/Aunt/Friend	Sure, here's a buck		\$5 just because	\$4 in honor of:		\$10 for Ovarian Cancer Education	\$5 for someone fighting cancer		
\$4 in Memory of:	\$5 to stop Ovarian Cancer	Sure, here's a buck	\$2 For:		\$4 for my aunt	Sure, here's a buck	\$3 For:	\$5 in Memory of:	Curing cancer is worth \$10 to me	\$5 For:	\$? because I care
Sure, here's a buck		\$2 For:	\$3 For:		Here's \$5 thanks for fighting	\$5 for a future w/out cancer			\$5 in honor of:		
\$2 because I believe in you!		\$2 to fight the fight	\$4 in honor of:	4 quarters for Cancer Education	\$5 for my cousin	\$3 to "Know the symptoms"			\$5 to stop Ovarian Cancer	\$4 for a future with less cancer	\$5 in Memory of:



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



ovarian cancer alliance of ohio

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*Most Common Symptoms*

- \* Bloating
- \* Pelvic or abdominal pain
- \* Difficulty eating, or feeling full quickly
- \* Urinary Symptoms (urgency or frequency)

There is no reliable screening test for ovarian cancer, but there are subtle symptoms. If you have any of these symptoms for two consecutive weeks or more, see your doctor.

*Every Woman is at Risk.*

***If you are mailing, please write a check for the amount you are sending in. DO NOT send cash!***

***Everyone will receive a Thank You gift for returning this paper filled up with all the boxes marked off.***