

**2011 Friends for Life Campaign**  
**Supporting the Cancer Foundation for Life**  
**Campaigner Registration**

**Thank you for helping us reach our overall goal of \$100,000!**

You are participating in the community annual sustaining campaign.

This campaign, along with funding from grants, foundations, corporations, and physicians\* enables us to improve the quality of life and survival of cancer patients, survivors and their caregivers free of charge.

\*Please do not contact your physician for a donation. CFFL has a process to seek physician support.

**Instructions:** Please hand out this form to anyone registering for the FFL Campaign. Upon completion, **return the form** to your FSFL center, or mail to PO Box 8257, Tyler, TX 75711, or fax to 903.561.7975 or 972.664.0549. *Privacy Statement: We do not share, trade or sell your information.*

Name: \_\_\_\_\_ FSFL Center: \_\_\_\_\_

Address: \_\_\_\_\_

City/St.: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Please bring in pledges/donations weekly by:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Wednesday, March 2, 2011 | <input checked="" type="checkbox"/> Wednesday, March 16, 2011 | <input checked="" type="checkbox"/> Wednesday, March 30, 2011 |
| <input checked="" type="checkbox"/> Wednesday, March 9, 2011 | <input checked="" type="checkbox"/> Wednesday, March 23, 2011 |   |

**I am a: (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Cancer Patient (recently diagnosed)          | <input type="checkbox"/> Health Educator                              |
| <input type="checkbox"/> Cancer Survivor                              | <input type="checkbox"/> Student - college / high school (circle one) |
| <input type="checkbox"/> Spouse / Family of a Cancer Patient/Survivor | <input type="checkbox"/> Nurse - specialty _____                      |
| <input type="checkbox"/> Caretaker of a Cancer Patient/Survivor       | <input type="checkbox"/> Physician - specialty _____                  |
| <input type="checkbox"/> Friend of a Cancer Patient/Survivor          | <input type="checkbox"/> Other _____                                  |

**Know others who can help?** Please take a campaign folder for them!

Number of folders: \_\_\_\_\_ Date: \_\_\_\_\_

Have a contact that could provide significant contribution (\$2,500+)? *Philanthropists, corporate or foundation contacts?* Let us know, we are happy to visit with them either with you or on your behalf.

Contact Name/Organization: \_\_\_\_\_

Any additional information that you can provide: \_\_\_\_\_

**Questions?**

Wendy Lowry, Office Manager: 903.561.0149 or email at [wlowry@fitstepsforlife.org](mailto:wlowry@fitstepsforlife.org)

Melinda Morgan, Program Director: 972.664.0098 or email at [melinda@fitstepsforlife.org](mailto:melinda@fitstepsforlife.org)

Haley Campbell, Community Outreach Coord.: 903.561.0149 or email at [haley@fitstepsforlife.org](mailto:haley@fitstepsforlife.org)