

Submitted by _____
Office _____

***Celma Mastry Ovarian Cancer Foundation
Request for Funds***

Mission: The Celma Mastry Ovarian Cancer Foundation unites community, friends and family to fight ovarian cancer.

Name: _____
Address: _____

Date: _____
Phone: _____

(MUST BE A TAMPA BAY RESIDENT)

Request: _____

- CMOCF Goals:
1. Sponsor research,
 2. Assist in the development of an early detection test, and in prevention,
 3. Educate the community, and
 4. Offer financial assistance to patients.

This request supports Goal: _____

Discuss how this request is aligned with this Goal.

Amount of Funding requested: \$ _____
Date funding is needed: _____ / ____ / 200__

Details of how funds will be used: (attach a detailed budget if necessary)

Questions: please email the executive director at execdir@ovariancancerfoundation.org

Please return to: Celma Mastry Ovarian Cancer Foundation
P. O. Box 48787
St. Petersburg, Florida 33743-8787