



814-237-2170

Website: www.cancersurviv.org

Email: info@cancersurviv.org

I would like to SEND Rays of Sunshine Cards

Rays of Sunshine

We believe survivors going through chemotherapy, radiation, surgery, or other cancer treatments deserve some special treatment and encouragement. Rays of Sunshine is an encouragement card program designed to provide a weekly ray of sunshine to cancer survivors while they are undergoing treatment.

What is Expected From Me?

You are asked to make a serious, long-term commitment to sending a weekly ENCOURAGEMENT card to a person living in Centre County who is battling cancer. The only expectation is that you send a weekly card. If occasionally, you want to include an inexpensive gift with your card, that is permitted. This program is not intended to foster personal phone calls, or visits. However, over time, we realize a personal friendship may develop.

You must understand you may not hear from your survivor, and your commitment is to continue. Our office will be in touch with the survivors to determine if they want to continue in the program. You will be notified if your Ray of Sunshine partner is no longer in need of your weekly card.

You must agree not to use this group as a means of advertising, soliciting, evangelizing, or anything of that nature.

You will not be reimbursed for any costs that you incur.

If you agree to make a commitment of sending a weekly encouragement card to a Centre County Cancer Survivor, please complete the following application.



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Application for SENDING Rays of Sunshine Cards

First / Last Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

Email Address: _____

Date Available: _____

Optional:

Are you a cancer survivor: _____

What type of cancer: _____

(If available, we will try to match you with a survivor with the same type of cancer)

If religion / spirituality is important in your life, please tell us which religion:

(If available, we will try to match you with a survivor of similar beliefs)

Are you fluent in any language other than English. If so, what language.

Please share your interests and hobbies: _____

(If available, we will try to match you with a survivor with similar interests)

Please mail this application to:

Cancer Survivors' Association, Inc., 111 E. Doris Avenue, State College, PA 16801