

Libby's Legacy Breast Cancer Foundation

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<u>Pink Ribbon Garden Application</u>

LLBCF uses the following information to assist the Pink Ribbon Gardens. All information is kept confidential, unless otherwise stated.

Date:					
Name:					
Address:		City:	St	ate:	_ Zip:
Home Ph/_ Best # to call: Home / Cell / Work	_ Cell Ph Best	/ t time to call:	Wo Morning / Aftern	ork Ph oon / Eve	_/ ning
Email address:	/ Phone Call	/ Text			
Are you a cancer survivor? Y/N If you	es, type:			How Lor	ng?
Why do you want to join the Pink Ril □ a Survivor □ a Co-Survivor/Far			g In Memory of	□ Gard	ening In Honor of
Comments:					
The Pink Ribbon Garden is a living I commit to one full growing season (information about growing seasons) What garden are you interested in? Lake Druid Park – Orlando, Florid Christmas Land – Albany, NY	growing seas in the garden	ons vary per of your choice	region). Our coo e. Farm in the City	rdinator w – Nashvill	ill provide you direct e, Tennessee
Pink Ribbon Garden Time Commitm Each member must commit to a mir					during the growing season.
Do you understand this commitment	t request? Y/l	N Can you	comply with thi	s commitn	nent request? Y/N
I have read and understand the abo of my knowledge. I consent to the ex garden coordinators.	ve and decla		ition furnished by		
Signature		 - -	Date		