

WOCA's Ovarian Cancer Survivors' Brunch

To register online, please scan the QR code below with your smartphone:

YES, I will see you at the Survivors Brunch on April 27th, 2025.

Survivor? How long? _____

Sorry, I can't attend. Please keep me in mind for next year.



Name: _____ D.O.B. ____ / ____
(Month) (Day)

Address: _____ City/State/Zip: _____

Home Phone: () _____ Email: _____

***Interested in bringing a guest? Pricing :**
First guest is \$50.00, each additional guest is \$75.00.
As always, the survivor is a guest of WOCA.

Please see reverse side to list guest names and dietary restrictions.

Please make checks payable to WOCA and mail in with your RSVP.

Please specify if any attendees have any dietary restrictions / allergies.

1st Guest Name (\$50.00): _____

2nd Guest Name (\$75.00): _____

3rd Guest Name (\$75.00): _____

4th Guest Name (\$75.00): _____

Total amount enclosed: \$ _____

If your guest count is larger than this card allows or with any questions, please call our office @ 262-797-7804.

If you are requesting to sit with a specific person, please write their name(s) below. We will do our best to accommodate all requests. All survivors and their guests will be seated together.

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