

SATURDAY, OCTOBER 6, 2007

6:00 P.M.
RESOURCES & REFRESHMENTS

7:00 P.M.
PROGRAM

**U-M COMPREHENSIVE
CANCER CENTER**
(UNDER THE FRONT ENTRANCE CANOPY)
1500 EAST MEDICAL CENTER DRIVE
ANN ARBOR

Celebrate the lives of those lost to cancer. Light a candle to honor their memory. Follow the transitions of loss and celebrate the colors of hope and healing through music, readings and storytelling.

Become a part of the program

During the evening, video screens will display a Remembrance Video created from pre-submitted photos of loved ones who have died from cancer.

Participants are encouraged to bring small mementos and photographs to the ceremony. These items will be added to the remembrance exhibit celebrating the lives of those who have lost their battle with the disease.

To register submit a photograph for the Remembrance Video, to have a memorial name recognized, or for information, please call the Cancer AnswerLine at:

1-800-865-1125

www.mcancer.org/candlelighting

Remember your loved one in any or all of the following three ways.

Send photographs and completed forms by **September 21** to:

Patient & Family Support Services • c/o Martha Towas C426 Med Inn • 1500 E. Medical Center Dr. • Ann Arbor, MI 48109-5843

1 Photo Submission Form

Please identify your *Remembrance Video* photograph by completing the following information about each person in the photo. Use a separate form for each person. Forms may be photocopied. PLEASE PRINT.

First name of person in photo Last name of person in photo

By submitting a photograph and signing below, you are giving the U-M Cancer Center permission to release the photograph and caption to the radio, television, Internet or print media and to use it for educational or promotional purposes. You understand that these items may be released to the public and release the U-M Cancer Center, its agents, employees and any other persons involved with taking or producing these items from any and all liability which may or could arise therefrom.

Your signature Printed name Date

Daytime phone number e-mail.....

Address City State Zip

2 Add a name to the Memorial Book preserved at the U-M Cancer Center

PLEASE PRINT.

First name Last name

3 Create a memorial comment about your loved one to be printed in the evening's program booklet

Complete this sentence by checking the appropriate words and filling in the blanks. PLEASE PRINT.

I/we will remember my/our wife friend brother son daughter (other)

First name Last name

for the following gifts given to me our family our lives (other)

Enter the "gifts given" (example: I will remember my husband, John Smith, for the following gifts given to our family:

 L A U G H I E R , _ _ L O V E _ A N D _ S U P P O R T

(50 character limit including spaces)

The U-M Cancer Center will attempt to use the submitted comment, but cannot guarantee that it will be used in its entirety.

If you would be willing to speak about your loved one at this event or in the future, PLEASE PRINT your contact information below.

Name..... Phone number e-mail address.....