

Help Us Fight Cancer!

BREAST CANCER
PROSTATE CANCER
AWARENESS



COXHEALTH FOUNDATION

"Breast cancer is the most common cancer among American women. The Breast Care Facilities with Cox Health System follows the ACS (American Cancer Society) and ACR (American College of Radiology) recommendations to have an annual screening mammogram beginning at age 40. Mammograms save lives by finding breast cancers as early as possible."

Susan Smith *Director, Breast Care Clinic*



"Prostate cancer continues to be one of the most common types of cancer in men, and is the second leading cause of death in American men. Early detection and comprehensive multi-specialty approach are key for better outcomes. CoxHealth offers a wide range of state-of-the-art options for prostate cancer."

Ibrahim Abdalla MD

Medical Director, Oncology Services and Radiation Oncology, FDC



Play for a Cause

MILLWOOD GOLF
& RACQUET CLUB

SEPTEMBER 28TH

MEN TEE OFF @ 8AM
WOMEN TEE OFF @ 1PM

PLAYERS SIGN-UP

elite
Automotive Group



INFINITI
Of Springfield



COXHEALTH FOUNDATION

coxhealthfoundation.com
417-269-7150

BREAST
CANCER
AWARENESS



PROSTATE
CANCER
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Play for a Cause

CALLING ALL GOLFERS

**Help In The Fight Against
Breast Cancer and Prostate Cancer**

Formerly known as Ozarks Women's Links and Boys Against Breast Cancer, this event has been redesigned continuing our passion to assist those with Breast Cancer as well as embracing the need to assist those with Prostate Cancer and bring greater awareness to this important health issue. The event will still have the same fun elements like great swag, games and prizes! As always, breakfast, lunch and dinner will be provided. Men will tee off at 8:00 a.m., ladies at 1:00 p.m.

Sign up now! Teams of 4 only \$600!

**I WANT TO SUPPORT THE FIGHT AGAINST
BREAST AND PROSTATE CANCER!**



It's Your Shot!
REGISTRATION

**YES, WE WANT TO PLAY
FOR A CAUSE!**

Player 1 _____

Address _____

Phone _____

Email _____

Player 2 _____

Address _____

Phone _____

Email _____

Player 3 _____

Address _____

Phone _____

Email _____

Player 4 _____

Address _____

Phone _____

Email _____

PAYMENT INFORMATION

- My check is enclosed. Please charge my credit card.
 Visa MasterCard Discover

Name on card _____

Billing Address _____

City, State, Zip _____

Account Number _____

Expiration Date _____ 3 Digit Security Code _____

RETURN FORM TO:

CoxHealth Foundation, PO Box 8131 Springfield, MO 65801
Fax Number: 269.9599



 **COXHEALTH FOUNDATION**

coxhealthfoundation.com | 417-269-7150