



Cancel Card Subscription Form

Cancer Patient Information:

First Name _____

Last Name _____

City _____ State _____

Person Requesting to Cancel Card Subscription:

First Name _____

Last Name _____

Email Address _____

Phone
Number _____

Choose one:

- I originally signed up the cancer patient to receive cards
- I did not originally sign up the cancer patient to receive cards but am requesting to cancel their card service now

As soon as the cancellation request is received and processed, a confirmation notice will be emailed to the person listed above who requested the card service be canceled and to the person who originally signed up the cancer patient.

Mail completed form to:

Send A Smile Today
3900 Gabrielle Lane #9040
Aurora, IL 60598

Or, scan and email the form back to us at: info@sendasmiletoday.org