



# 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**  
**9462 Brownsboro Road #381**  
**Louisville, KY 40241**

Or, scan and email the form back to us at: [info@sendasmiletoday.org](mailto:info@sendasmiletoday.org)