

# City of Thornton Fire Department Cares Enough to Wear Pink

*Do you want to show your support to a loved one who is  
a cancer survivor or patient?*



9500 Civic Center Drive  
Thornton, CO 80229  
Phone: 303-538-7602  
Fax: 303-538-7660

October is Breast Cancer Awareness Month and the Thornton Fire Department, along with local florists, are proud to be part of the Cares Enough to Wear Pink campaign. This year firefighters, traveling in big red fire trucks, will be delivering bouquets of pink carnations on Saturday, October 23. The firefighters will deliver to the first 150 Thornton residents who receive this gift. You can have flowers delivered by the Thornton Fire Department to show your support to a loved one who is battling cancer, a cancer survivor or just to show you care. You do not need to be a Thornton resident to give flowers, only to receive.

**Orders must be received by Wednesday, October 20 at 5 p.m.**

The cost for the flower delivery is a nominal \$20 and all proceeds will be donated to the Susan G. Komen Foundation.

Name of Giver: \_\_\_\_\_

Address of Giver: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Address needed in order to receive tax receipt)

**Yes!** I would like to have Thornton firefighters deliver flowers to a loved one.

Name of Receiver: \_\_\_\_\_ Phone: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

(Must be within the City of Thornton)

Special Message: \_\_\_\_\_

The Thornton Fire Department will also be sponsoring a Memorial Garden at the Thornton Civic Center. You can purchase a Pink Ribbon Memorial Sign for \$20 which will have your loved one's name and a special message written on it. The signs will be displayed in the Memorial Garden during the month of October, to remember those who have lost their lives to cancer.

**Yes!** I would like to purchase a Memorial Garden sign.

In Memory of: \_\_\_\_\_

Special Message: \_\_\_\_\_

**Yes!** I would like donate additional funds to the Susan G. Komen Foundation. \$ \_\_\_\_\_

Credit Card Information:      MasterCard      Visa      Discover

Name on Credit Card: \_\_\_\_\_ Total Amount Charged: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**THIS FORM CAN BE SUBMITTED ELECTRONICALLY, MAILED OR FAXED TO THE THORNTON FIRE DEPARTMENT  
AT THE ABOVE NUMBERS.**

**WRITE CHECKS PAYABLE TO: THORNTON PROFESSIONAL FIREFIGHTERS LOCAL #2376**

