

## Teen Support Bags Reorder for Current Hospital Partner

Yes, we would like another shipment of bags. By requesting Teen Support Bags from Bite Me Cancer, we agree to make sure that the Teen Bags (and all of the bag contents) are secured and will be distributed only to teens with cancer, as a whole unit, (not separated into parts).

Please check one: **5 bags**  **10 bags**  **15 bags**  **20 bags**  **Other** \_\_\_\_\_

**Please print or type all information below.**

Contact name to receive shipment: \_\_\_\_\_

Name of hospital: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_

Contact person's email: \_\_\_\_\_

Contact person's phone: \_\_\_\_\_

**Please either scan to [customerservice@bitemecancer.org](mailto:customerservice@bitemecancer.org) or fax to 703.318.0921.**

(For any questions, please call 703.709.2539 or email to [customerservice@bitemecancer.org](mailto:customerservice@bitemecancer.org))



[www.BiteMeCancer.org](http://www.BiteMeCancer.org)