



Care & Share

Newsletter

February 2016

Local Services, Local Support



Alaina Van Gelder
Executive Director

I am so privileged to have the opportunity to serve our Delmarva community as the new Executive Director of such an impactful organization. The staff here at Women Supporting Women, and the community as a whole, have been so warm and welcoming-thank you!

As Executive Director, my goals are to form new community partnerships, strengthen local awareness of WSW and the services we offer, build out our after care wellness mission, and continue all of our free services. To accomplish these, I will need YOU, Delmarva and your talents and resources! While I will be reaching out to many of you, please take time to introduce yourself to me as well. We are One Organization serving One Delmarva and we want you to be a part of this new chapter.

An exciting bit of news is that Sue Revelle will continue on with WSW in the role of Mentoring Coordinator. With her knowledge, nursing background, and compassion, Sue will excel in her new role that is dedicated to working one-on-one with survivors and their caregivers. Please join me in congratulating Sue on this new journey!

Thank you again Delmarva.

Alaina
Alaina@womensupportingwomen.org

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MENTORING POSITION

I am excited to be available Monday through Wednesday 9-4 in my new role as Mentoring Coordinator .

Although I am not a licensed counselor, being a nurse along with 23 years of experience in assisting those diagnosed with breast cancer, helps me assist the survivor in working through the medical maze of terminology, answer their questions, and hopefully relieve some anxiety. Being informed is critical in sharing the decision making with your medical team. Please give me a call at the Salisbury office – 410-548-7880.

Sue Revelle

Funding for this month's issue provided by:



*“Be content with what you have;
rejoice in the way things are.
When you realize there is nothing lacking,
the whole world belongs to you.”*

Lao Tzu

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SURVIVOR SUPPORT GROUP MEETINGS

Salisbury Office

1320 Belmont Avenue, Suite 402
Salisbury, 410-548-7880

6:30 pm, Thursday
February 4th

Topic/Speaker: Open Forum

Facilitator: Kyle Beebe

Pocomoke Community Center

1410 Market Street - Maryland Room
Pocomoke, 202-247-7526

5:30 pm, Thursday
February 18th

Topic/Speaker: Open Forum

Facilitator: Virginia Schneider

***PLEASE NOTE PERMANENT DAY OF THE
MONTH CHANGE**

Crisfield

If you would like to talk to someone or be mentored
please call for an appointment 410-548-7880

Facilitator: Monique Welch, RN

Ocean City Office

12216 Ocean Gtwy Unit 1500
Ocean City, 410-213-1177

1:00 pm, Wednesday
February 17th

Topic/Speaker: "Communicating With Your
Physician"

Facilitator: Sue Revelle

Christ Episcopal Church

601 Church Street
Cambridge, 410-463-0946

5:30 pm, Tuesday
February 23rd

Topic/Speaker: Open Forum

Facilitator: Sue Todd, LCSW-C

SURVIVOR STORY

BREAST CANCER IS NOW PART OF SURVIVOR'S IDENTITY



***Vicki Rolf** believes the blessings in her life have far outweighed the breast cancer diagnosis that shocked her just a few years ago. She relied on her family, friends and faith to get through and is now proud to be a survivor.*

I am a cancer survivor. My life changed when I was diagnosed, changed again during and after treatments, and even continues to change now in survivorship. I found I'm stronger than I thought I was, I'm far less judgmental (which is a work in progress), and I have a lot more empathy because we all have our own story. Mine just happens to include breast cancer.

I had a routine mammogram; they saw something and asked me to come back. No big deal—I'd gone back for follow-ups twice before. During this follow-up visit, however, the conversation was different. I was talking with the ultrasound technician and had all but received a verbal diagnosis of breast cancer. A needle biopsy confirmed Stage I breast cancer.

I was in complete shock. I was sad, scared and angry. At first, I couldn't even say the words, "I have breast cancer." Going to a cancer center to see cancer doctors, receiving "cancer mail" with my name on it—it was far too overwhelming. I began accepting my diagnosis, however, by asking questions. I asked the doctors and the nurses, "If I were your mom, what would you have me do?" There's so much information, you're probably only going to hear half of it and comprehend even less. I recommend that you have someone go with you to your appointments or record the conversations to listen to later.

My treatment plan started with the option of lumpectomy versus mastectomy. I opted for a lumpectomy. Unfortunately, the margins on the first procedure were not clear, so I had to have a second lumpectomy. Originally, surgery would be followed by radiation but no chemotherapy. I was very relieved, but when my HER2 results came back, that changed. My oncologist told me that without chemo, I had a much higher risk of metastasis. As displeased as I was, I was ready to start treatment after I recovered from surgery. My regimen consisted of docetaxel (Taxotere) and carboplatin, given every 21 days. I had six of these chemo cocktails, then 16 treatments of trastuzumab (Herceptin) for almost a full year. I also received 35 radiation treatments as originally promised.

A lot of people say one of the hardest things to deal with when you're diagnosed is not feeling in control. Fortunately for me, a pattern of symptoms emerged after receiving my chemo drugs, and I was able to work my life around it. I felt my best on week three of the cycle, the week just before the next treatment. I'd schedule all of my work meetings and anything else I needed to get done for that week. It also gave me hope during the bad days because I knew when they would end. It was a comforting feeling.

The treatments caused nausea comparable to morning sickness; I lost weight and my hair, and was exhausted. The docetaxel closed my tear ducts so my eyes watered all the time and would just stream down my face. The condition required a special procedure to open the tear ducts, which also gave me black eyes for six weeks! Thankfully, the black eyes went away along with the other side effects after treatment.

Before treatment, I had osteopenia in my back; after treatment, that developed into osteoporosis and osteopenia in my back and both hips. As a result, my endocrinologist recommended teriparatide (Forteo) for two years to hopefully build bone. I'm also taking anastrozole (Arimidex) to help reduce any chance of recurrence.

It's important to remember that everyone is different, from each individual diagnosis to the treatment plan to how you react to your treatments. Do what you need to do to feel better. I chose to wear a wig and put makeup on because I needed to go out in public and not look sick. Looking better helped make me feel better. But you need to meet your own needs, whatever they are, and don't feel bad about it because it's your body.

Even though this diagnosis isn't something I would've asked for, it's not something I regret. I've met beautiful, amazing women who became new friends. The little things that used to bug me don't seem so important anymore. The hair loss, which was devastating at first, turned into something awesome: There are great wigs available, getting ready was really fast, and I never had a bad hair day! I truly believe the blessings from this journey have far outweighed the diagnosis. Just hold onto your family, friends and faith, and you'll make it. Breast cancer doesn't define us as women, but it's now a part of who we are, and that's OK.

Chemotherapy-Induced Peripheral Neuropathy

by Robert Knoerl, BSN, RN, and Grace Kanzawa, BSN, RN, with Ellen M. Lavoie Smith, PhD, APN-BC, AOCN



Grace Kanzawa

If chemotherapy is part of your cancer treatment regimen, you may develop a condition known as **chemotherapy-induced peripheral neuropathy**, or CIPN for short. Up to 68 percent of cancer survivors may experience this common chemotherapy side effect.

What is chemotherapy-induced peripheral neuropathy?

As chemotherapy drugs spread throughout your body, they can sometimes damage **peripheral nerves** – or the nerves farthest from your brain. This peripheral nerve damage can result in chemotherapy-induced peripheral neuropathy.

Your risk of CIPN is greater with certain chemotherapy drugs, including oxaliplatin, cisplatin, paclitaxel, bortezomib, thalidomides, and docetaxel. It may develop days or even months following chemotherapy treatment.

What are the symptoms?

CIPN primarily affects your hands and feet. Symptoms may include pain, burning, loss of feeling, hot or cold sensitivity, and a pins-and-needles sensation in your hands or feet. These symptoms can sometimes have a negative effect on cancer survivors' quality of life and physical function. Tell your nurse or doctor about any CIPN symptoms you are experiencing right away so that you can take steps to manage them. If CIPN symptoms become severe, your chemotherapy dosage may need to be decreased, or chemotherapy treatment stopped altogether.

Up to 68 percent of cancer survivors may experience this common chemotherapy side effect.

Can CIPN be prevented or treated?

Though researchers have yet to discover a way to prevent CIPN, the good news is that your CIPN symptoms can be treated. One medication – duloxetine – has been approved for treating CIPN, though its use is limited. Duloxetine has only been shown to be useful to treat painful CIPN caused by paclitaxel and oxaliplatin. It is unknown whether this medication works for non-painful CIPN symptoms, or for CIPN caused by other neurotoxic drugs.

If duloxetine is not an option for you, your doctor may prescribe another drug that is effective in treating pain caused by other types of nerve damage, such as diabetic neuropathy. For example, anti-depressants (such as nortriptyline and

desipramine) and anticonvulsants (such as gabapentin or pregabalin) have proven effective in treating nerve damage.

Researchers have also found early evidence suggesting that a number of complementary therapies may be effective in treating CIPN. These treatments include electrical nerve stimulation, acupuncture, and mind-body therapies, such as relaxation techniques, guided imagery, biofeedback, and yoga. Clinical trials are currently underway to evaluate their effectiveness in managing CIPN.

How can I protect my hands and feet if I have CIPN?

If your CIPN symptoms include loss of sensation in your hands or feet, you may be more susceptible to injury. This loss of sensation can increase your risk of falling or tripping over uneven surfaces, burning yourself, or cutting yourself.

To avoid injury, follow these important safety tips:

- ◆ Make sure your house is well lit so that you don't trip over an object you can't feel or see. You may even want to install nightlights in key locations throughout your home so that you can better see your surroundings if you get up during the night.
- ◆ Always keep walkways clear.
- ◆ Use supportive handrails along stairwells.
- ◆ Make sure the rugs in your home are nonslip, and tape down carpet edges.
- ◆ Wear gloves when cleaning with very hot water or working with sharp objects.
- ◆ Wear warm gloves and footwear whenever you may be exposed to cold temperatures.
- ◆ Wear shoes with hard soles that comfortably cover your feet.
- ◆ Check your feet regularly for injuries, as foot injuries can lead to infections or other complications if they are not promptly treated.

Most importantly, talk with your healthcare team about your CIPN symptoms and any trouble they may be causing you. Not all CIPN treatments work for everyone, but your doctor will help you to find the one that is best for you. Your doctor may also offer additional recommendations for managing your CIPN or refer you to a specialist who can help you better control your CIPN symptoms.



Robert Knoerl and Grace Kanzawa are PhD students at the University of Michigan School of Nursing. They are both interested in studying the use of nonpharmacological interventions to improve quality of life in cancer survivors with CIPN. Dr. Ellen Lavoie Smith is the director of the University of Michigan School of Nursing PhD program.

This article was originally published in Coping® with Cancer magazine, September/October 2015.

COMPLEMENTARY CARE

Is a Support Group Right for You?

By Wendy Baer, MD

When David was diagnosed with colon cancer a friend suggested he go to a support group to help him cope with the diagnosis. David thought, “I am not a group person. I don’t want to sit around and listen to other people’s problems!”

During the first chemotherapy session a nurse suggested he try a support group to talk about fatigue during chemotherapy. David thought, “I just want to get this over with. I do not want to talk about it more!”

While in the hospital for his colon surgery, the surgeon encouraged David to attend a support group for people with ostomy bags. This time, David thought, “Okay, fine. I will give the support group try. Maybe then people will stop telling me to go!”

Why are support groups so often recommended to people with cancer? Mainly because there’s value in talking to others who have “been there, done that.” A cancer diagnosis puts you on a long, difficult journey. When you go to a support group, you get a chance to talk to people who know about the journey, and may be able to help you along the way. And as you gain a better understanding of the journey, you may feel more in control and more hopeful.

How can you decide if a support group is right for you? First learn a little bit about the group. Pick a group with people who are about your same stage in life, if possible, and have a similar cancer diagnosis. There are online and telephone groups, but something special does happen when people meet in live time, so try to go to a group in person. Check the back ground of the group leader, looking for credentials such as LSCW (licensed clinical social worker), PhD (psychologist) or LPC (licensed practicing counselor) or MD (medical doctor). The leader should facilitate the conversation in a way that builds up members’ confidence to handle stress related to the cancer experience. All group members should be given a chance to contribute. After some sharing of experiences and emotions, the focus should shift to problem solving about how to manage specific cancer challenges, like fatigue, caregiving or returning to work.

Support groups do not suit everyone, though. How much you benefit from a support group depends on where you are in your cancer journey, the other group members, the leader and the format of the group. Some groups are just not a good match for some people. For instance, the first support group David went to was for anyone with cancer. The group leader did no leading, and one member of the group dominated the conversation with complaints about the medical profession without any effort at managing his negative emotions or problem solving about how to communicate with his medical team. Fortunately, David was willing to try a different support group, one with men his age who also had colon cancer. In the second group, David met several people who had been living fully with cancer for years. He learned about how to manage his ostomy bag, counter the fatigue from chemotherapy, and better coordinate his visits to the cancer center so he could have more free time from being a patient. Even after chemotherapy, David stayed in touch with a couple people from his group so he could share survivorship victories such as seeing his hair grow back, returning to work, and running his first post-cancer 5k.

For people that do not feel like the group format is helpful, even after trying a second group like David did, individual counseling is another option to help manage cancer-related stress. Talk therapy has been show by scientific studies to treat clinical depressive and anxiety disorders equally as well as medications. Finding a therapist may take some time, but it will be worth it when you find a therapist that is a good match. Start by checking your insurance for who is in network, PhD, LCSW or MD (yes, some psychiatrists do talk therapy, not just prescriptions). Try to get a therapist on the phone so you can briefly describe your symptoms and ask if they feel comfortable managing those symptoms. Many therapists have websites that describe their clinical training and the type of therapy they practice. Talk therapy is not just for when you are feeling stressed. Many people get into therapy when they are feeling psychologically strong – the idea being that when you are in a healthy state of mind, you can really focus on difficult issues in your life (relationships, work satisfaction, guilt).

Whether you opt for a support group or individual therapy, taking care of your psychological well-being will help you find some inner peace and may motivate you to make healthy changes in your life.

Dr. Baer is paid by WebMD to provide/present this information. The opinions expressed are those of Dr. Baer and do not necessarily reflect the views of Emory University or Emory Healthcare.



NUTRITIONAL INFORMATION

Allium Vegetables: Timeless Staples

Call Upon This Family of Pungent Vegetables...

That includes onions, leeks, garlic and chives for health and flavor rewards.

Allium vegetables—edible bulbs including onions, garlic, and leeks—appear in nearly every cuisine around the globe. They are fundamental in classic cooking bases, such as French *mirepoix* (diced onions, celery, and carrots), Latin American *sofrito* (onions, garlic, and tomatoes), and Cajun *holy trinity* (onions, bell peppers, and celery). While we sometimes take these standbys for granted, the flavor of allium vegetables can not be replicated. And neither can their health benefits, which include protection from heart disease and cancer.

Allium vegetables have been treasured over the millennia; onions, with origins in Asia, Iran, and West Pakistan, are the most widely cultivated species of the allium genus and have been grown for over 5,000 years. The allium genus consists of up to 1,250 species, many of which are grown as ornamental flowers.

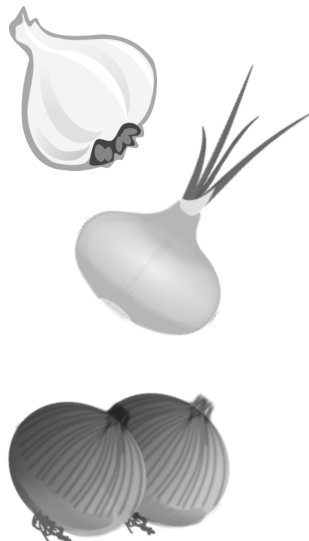
Health benefits in the bulb. Allium vegetables have a long rich history in traditional medicine. A review article in the *Journal of Nutrition* reports that garlic was one of the earliest documented plants used for health benefits and disease treatment in medical texts from Egypt, Greece, Rome, China, and India. Today, scientists know that allium vegetables have anti-microbial, anti-tumor, anti-arthritic, anti-clotting, and blood sugar-lowering actions. These benefits are likely related to allium's many health protective compounds, including vitamin C, the phytochemical quercetin, and organosulfur compounds, which are responsible for alliums' characteristic flavor and aroma. In particular, alliums may be beneficial for cardiovascular disease and cancer protection.

Cardiovascular disease. Quercetin

has been linked with cardiovascular health. Onion supplements containing quercetin lowered blood pressure in people with hypertension, according to a recent study in the *British Journal of Nutrition*. And garlic has a long record of use as a heart remedy. A recent meta-analysis of more than 100 studies found that garlic was linked with reduced blood lipids, blood glucose, and blood pressure levels (see EN, October, 2015, page 8, "Gung Ho for Garlic!").

Cancer. The European Prospective Investigation into Cancer and Nutrition study found that higher intakes of onion and garlic were associated with reduced risk of intestinal cancer. Data from The Iowa Women's Study showed that women with the highest garlic consumption had a 50 percent reduced risk of distal colon cancer compared with those eating the lowest amount. While the mechanisms for cancer prevention are not yet fully understood, the organosulfur compounds are thought to play a role.

—McKenzie Hall, RDN
Environmental Nutrition Dec 2015



Potato Leek Soup



- 1 lb russet potatoes, peeled, diced
- 3 leeks, diced
- 1/2 c diced onion
- 1 Tbsp minced garlic
- 4 c vegetable broth
- 1 c water
- 4 sprigs lemon thyme
- 1 carton (about 7 oz) plain low-fat Greek yogurt
- Salt and pepper, to taste
- Chives, for garnish

1. Add all ingredients to a large pot, except for the Greek yogurt. Cover and cook on medium high heat for about 1 hour. (May use a slow cooker on high setting for 3-4 hours or on low for 7-8 hours.)
2. Remove thyme sprigs. Using an immersion blender, blend ingredients together until smooth. Stir in Greek yogurt. Add salt and pepper, to taste. Garnish with chives.

Note: Keep yogurt at room temperature before incorporating into soup to prevent curdling.

Makes 8 servings

Nutrition Information Per Serving: 100 calories, 5 g protein,

20 g carbohydrate, 5 g sugar, 0.5 g fat, 0 g saturated fat, 2 g fiber, 290 mg sodium

Recipe adapted courtesy Kara Lydon, RD, LDN, RYT, The Foodie Dietitian Blog

UPCOMING EVENT

BINGO



Pink Ribbon Bingo March 10, 2016

Salisbury Moose Lodge

833 Snow Hill Road

Doors open and food for sale at 5:00 p.m.

Games Start At 6:30 p.m.

No one under the age of 18 will be admitted

Tickets \$20.00 in advance / \$25.00 at the door
Online registration: www.womensupportingwomen.org
or in person at our office. For more information,
call (410) 548-7880



The Pampered Chef, Thirty One Gifts,

All items filled with complementary goodies.



Upcoming Events

Knitting Group
Salisbury Office
February 3rd, 12 pm

March 10th
Pink Ribbon Bingo
Moose Lodge, Salisbury, MD

May
Bras for a Cause
All Month

Pink Ribbon Fest-TBD

July
Poker Run - Ride for Awareness

WICOMICO COUNTY CHAPTER NEWS

1320 BELMONT AVENUE, SUITE 402
SALISBURY, MARYLAND 21804
410-548-7880

WICOMICO@WOMENSUPPORTINGWOMEN.ORG

OFFICE HOURS: MONDAY - FRIDAY, 9:00 - 4:00

We hope that everyone is feeling and spreading as much love as they can during this month of "love". Remember, as small and insignificant something as simple as a smile can seem, it can also make a tremendous difference to someone who is having a bad day.

"When we feel love and kindness toward others, it not only makes others feel loved and cared for, but it helps us also to develop inner happiness and peace." ~The 14th Dalai Lama

BINGO ALERT!!! Get your dabbers ready, our annual **Pink Ribbon Bingo** is taking place on **March 10th** at the Salisbury Moose Lodge located on Snow Hill Rd. Prizes will include items from *Thirty-One Gifts*, *The Pampered Chef*, and more! We will also have several food items for sale, a raffle and a 50/50. (See pg. 7 for more details) Please note that all persons who come through the door **must be 18 years of age** or older.

The **Sea Gull Century** will be here before we know it; training should start as soon as possible. If you or someone you know is planning on riding come join the **WSW team!** Contact Cindy at the office for more information.

Fun Fact:

According to the Greeting Card Association, an estimated 1 billion Valentine's Day cards are sent each year, making Valentine's Day the second largest card-sending holiday of the year. Women purchase approximately 85 percent of all valentines.

Wicomico County Chapter Staff Members

Alaina Van Gelder
Executive Director

Cindy Feist
Director of Fund Development

Emily Rantz
Director of Community Relations

Natassia Feather
Office Manager

Sue Revelle
Mentoring Coordinator



WSW Staff Spotlight

Meet Alaina

Alaina who was born and raised in Salisbury, started as the new executive director at WSW on January 4th. Alaina graduated from the University of Mary Washington with a Bachelors of Science degree in Psychology and is currently pursuing her Master's of Science degree at Wilmington University in Clinical Mental Health Counseling. She has worked nationally with Wells Fargo Insurance Services, among other major corporations, and brings over 15 years of business experience and knowledge to the Executive Director position at Women Supporting Women. Alaina has most recently held the position of Community Business Development Manager at Barnes & Noble in Salisbury, covering the Delmarva area. She is off to a running start and is enjoying her new role here at Women Supporting Women!

'Tis the season for cruises and vacations to warmer places...Are you in need a swim prosthesis?? If so, we might just have what you need! We have several different sizes available here at our Salisbury location.

You are more than welcome to either call in to see if we have your size or stop by anytime during the day Monday through Friday.

WORCESTER COUNTY CHAPTER NEWS

12216 OCEAN GATEWAY, UNIT 1500
OCEAN CITY, MARYLAND 21842
410-213-1177
WORCESTER@WOMENSUPPORTINGWOMEN.ORG

Upcoming Events

Survivor Meeting
February 17th
Office at 1pm

We would like to begin with a huge heartfelt “thank you” to an amazing group of women from **The Parke in Ocean Pines**. These women came together collectively and put on an event, all on their own, for Women Supporting Women that was fun, beautiful, and creative. They raised over \$3,460.00 and are **continuing to fundraise** by allowing votes to be made through **February 1st**. If you would like to vote on a bra design please visit their fundraising page at **Firstgiving.com**.

This money will stay local to continue to provide breast cancer awareness and free services to the men and women of Worcester County. It wasn’t just the women who participated but also their husbands and people of the community.

Unfortunately almost each person there has been touched in one way or another by breast cancer. To so unselfishly put a lot of their time and effort to put on such an inspiring event for us is so appreciated.

The Parke at Ocean Pines Turned Pink for WSW Again This Year...

A group of the survivors from The Parke stand in front of our “bra pong” board during the event.

Far right: The designed bras that were on display for voting that night (These are still online and accepting votes through February 1st.)



Please join me and Women Supporting Women in thanking Mary Henderson for all her many dedicated years of service with us. Mary has helped many survivors through their journey and assisted in easing their fears. She has been loyal, hard working, and many will miss her smiles and sense of humor. It certainly will not feel the same without her.

WSW will continue the Worcester Chapter support group meeting on the 3rd Wednesday in February at the office 1pm. The topic is “Communicating With Your Physician.” I will be facilitating the group and hope to see you there.

Sue Revelle





Tanger Outlets held a coupon fundraiser in October which raised \$1,472.00



Stephen Decatur's Girls Soccer Team held a fundraiser to benefit WSW, raising \$1300.00



Windy Way Horses held a horse show which raised funds for WSW totaling \$1,126.00.



Pocomoke Elks presents a check to Mary for a donation of \$1000.00.



Delmar High School Varsity Cheerleaders present a check in the amount of \$500.00 to Emily.



The Franklin P. & Arthur W. Perdue Foundation presented a check to WSW staff from a grant which will pay for three months of this newsletter publication.

DONOR THANKS

Individual

Regina Rugen
Dot Baker
Cynthia Hartigan
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Sonya Whited
Dr. & Mrs. Alfred Beattie
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Raymond Shockley
Robert & Madonna Brennan
Ethel Taylor
Elizabeth Albert
Janine Motsko
Ruth Polk

In-Kind

Vicki Benton
The Dressing Room
Family of Donna Truitt

In Memory Of:

MarySue Carey
Kari & Jason Horner
Rachel & Brian Laird

Sally Yates
Bryan & Brittingham
Jerry Yates

Donna Holdren
Larry Holdren Sr.

Business

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Dewey Blades

WSW
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Mardela Middle & High School

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Kitty's Flowers
Peninsula Imaging
Peninsula Plastic Surgery
Richard A. Henson
Cancer Institute
Peninsula Regional Medical Center

Pink Ribbon

\$1,500 +

Austin Cox Home Services
Pepsi Bottling Ventures
Rommel Harley Davidson

Joke of the Month:

The new CEO of a company comes into work determined to turn things around. Trying to prove himself to his new employees he looks around the office and sees a guy leaning against a wall doing nothing. He approaches the guy and asks him, "What do you think you're doing?"

The man replies, "I'm just killing time, waiting to get paid."

The CEO is furious, "What do you make a week?"

The man tells him, "About \$200 a week."

The CEO pulls out his wallet and hand the man \$400 and says, "There's your two weeks, now get out of here!" After the man leaves he turns to his employees and asks, "What do you think about that?"

One of the employees stands up and says, "I think he just got the largest tip he's ever gotten on a single pizza."



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SALISBURY MD
21801
PERMIT NO 146

WomenSupportingWomen.org

1320 Belmont Avenue ♥ Suite 402
Salisbury, MD 21804

RETURN SERVICE REQUESTED

Please contact the office if you are not reading or if you no longer wish to receive our newsletter. We would like to save valuable resources as well as cut down on costs where possible. Thank you.

410-548-7880 or

Tassia@womensupportingwomen.org

Women Supporting Women 2015 Board of Directors

Penny Bradford, President

Colleen Brewington, Secretary

Pam Heying, Treasurer

Billye Sarbanes, Past President

Alaina Van Gelder, Executive Director

Susan Revelle, Co-founder

Melodie Carter

Lynn Creasy

Judy Herman

Mike Liang

Cindy Lunsford

Julie McKamey

Jenni Pastusak

Karri Todd

Lenita Wesson

How Can You Donate?

Monetary

- ⌘ WomenSupportingWomen.org
- ⌘ Over the Phone
- ⌘ Mail-In
- ⌘ In Honor or In Memory
- ⌘ Endowment Fund

In-Kind (Non-monetary)

- ⌘ Wigs
- ⌘ Bras
- ⌘ Prosthesis
- ⌘ Hats
- ⌘ Scarves
- ⌘ Head coverings