



CARE & SHARE NEWSLETTER

AUGUST

2018



Cindy Feist
Executive Director

Let the Changes Begin

This month, Women Supporting Women understands this quote “The Only Thing That Is Constant Is Change”. We are starting our 25th year with a lot of changes, all for the good as we look to our future.

First, Thank You to all those who came out to our ribbon cutting and open house on Thursday, July 26th. We revealed at that time, Women Supporting Women’s new logo that will move with us into the future of WSW. If you missed this event, take a moment and look at the new logo on top of this edition of our monthly newsletter.

Next, new faces have been added to the WSW Team. Lucy Francis, Administrative Assistant; Sarah McGarity, PR & Marketing; Shelby Moore, Event Coordinator; and last but not least Cerah Edsall, Mentoring Coordinator with Kathy Pisani. If you have not met them yet, stop in any

time to our office to welcome them aboard.

In mentioning our new Mentoring Coordinators, the biggest change you’ll see is that there is one name not on the list of WSW’s team. In the beginning of June 2018, Co-founder and past Executive Director/Mentoring Coordinator, Sue Revelle, began her highly deserved retirement. I am sure that all those who have been touched by her over the years, wish her all the best and along with me thank her for what she has contributed to our local community through Women Supporting Women over the years. Don’t be surprised if she shows up to volunteer, but till then let her gardening, reading, and traveling time begin.

For WSW, the Board and staff look forward to continuing to provide our services to our surrounding communities. In moving through the next years, we are creating and implementing new programs, services and conferences to continue what our co-founders started 25 years ago, providing Awareness, Education and Support to all those affected by breast cancer.



The only thing that is constant is
change

-HERACLITUS

SUPPORT GROUP MEETINGS

LOCAL services & support

Salisbury (Wicomico)

Thursday, August 2nd — 6:30PM

1320 Belmont Avenue

410.548.7880

Speaker/Topic: Open Forum

Facilitator: Kyle Beebe

Ocean City (Worcester)

Wednesday, August 15th — 1:00PM

Atlantic Health Center

9714 Healthway Drive, Berlin

410.548.7880

Speaker/Topic: Open Forum

Facilitators: Cindy Elliot and Bev Ward, RNs

Pocomoke (Worcester)

Thursday, August 9th — 5:30PM

Pocomoke Community Center

1410 Market St

410.548.7880

Speaker/Topic: Open Forum

Facilitator: Virginia Schneider

Onancock, VA (Accomack)

Thursday, August 16th — 6:00PM

Holy Trinity Episcopal Church

66 Market St

757.787.4430

Speaker/Topic: Open Forum

Facilitator: Nicole Ayres

Ocean Pines (Worcester)

No meeting for this month

Richard A. Henson Cancer Center

11105 Cathage Rd.

Ocean Pines

410.548.7880

Speaker/Topic: Open Forum

Facilitator: Kathy Pisani

Cambridge (Dorchester)

Tuesday, August 28th — 6:30PM

Christ Episcopal Church

601 Church St

410.463.0946

Speaker/Topic: Open Forum

Facilitator: Sue Todd

SURVIVOR STORY

W. BARRY JONES

SURVIVOR

I too am the lucky one-out-of-2,400 expected cases annually in the US of male breast cancer. It took me a long time to accept those words. Over a year past diagnosis and six months past treatment, it still sounds a little weird. Well, I'm now preparing to shout from the rooftops that, "Breast cancer is an equal opportunity disease"!

I was diagnosed at age 69. I had a habit of hanging by my arms from a "noodle" in the YMCA pool in order to help relax a severely damaged back (In retrospect, that 1989 L5-S1 spine surgery may have, ironically, saved my life.) Over several months I noticed a lump in my right breast where it rubbed against the noodle. Like most males, I assumed it was a fatty deposit and ignored it...until it started to ache. As it turned out, this was as unusual as it was fortuitous. My wife examined it and said it felt unusual to her.

So, on May 3, 2016, I saw my family doc. He was suspicious and sent me for a mammogram. On May 10, I underwent what many women, but few men, experience. The "squeeze" wasn't as uncomfortable as I'd anticipated, but the wait for a sonogram was. You guessed it, the radiologist was also suspicious and 2 hours later, the sonographer did her thing. A half hour later I saw the attending physician who suggested a core biopsy, which he performed an hour later. Five hours after entering the center I returned home to a wife who thought Scotty might have actually beamed me up.

Another wait, this time for 6 days, when my GP called with the diagnosis; Invasive Ductal Breast Cancer. Shock! Disbelief! Fear! Anger! This does not happen to MEN. This cannot happen to ME!!!! Surgery was prescribed. Luckily (if anything about getting cancer can be so) I live near a world class cancer research facility with a world class staff. Fortunately, I had sufficient insurance to support my decision, so Roswell Park was a no brainer. I got even lucky having Dr. Helen Cappuccino and Dr. Ellis Levine as my surgeon and oncologist respectively. May 31, (2 days after our 24th wedding anniversary) I was wheeled out of surgery no longer bilaterally symmetrical. The good news was that the sentinel lymph nodes were clear. The bad was that on June 13, my surgeon said that the cancer had jumped the sentinel nodes and three downstream nodes were affected. One of them was breached. June 21 and I was back in the OR for a complete lymphadenectomy of the right axilla and arm. While healing from that, drain tubes once again dangling, I developed lymphedema. Two surgeries in less than two months, and a swollen arm to boot!! Given that both tumors were high-risk (Wait... aren't good things supposed to come in pairs?), that the surgical margins were not clear and that a lymph node was compromised, Dr. Levine recommended chemo followed by radiation. He at first recommended Taxotere as part of the chemo, but this can cause peripheral neuropathy which, as a violinist was unacceptable. I asked if there were another protocol, perhaps somewhat less

effective, but without the risk. I'd rather be playing my fiddle for as long as I can even if that time were to be somewhat reduced. He agreed and decided on a Gen 1 protocol cytozen/methotexate/4-fluorouracil every 3 weeks for 8 sessions. That followed by daily radiation for 8 weeks. I tolerated chemo pretty well with little nausea, though the dreaded constipation was very much present. My hair thinned considerably, but at least I kept it and I didn't lose my sense of taste, though I did experience some minor "metal-mouth". Again, "lucky"? I was initially more effected by the steroids, which disrupted my sleep and energized me to a point of mania. That's when I rearranged the garage and bought a convertible! Eventually fatigue settled in and it was then that CHEMO-BRAIN came a-knockin'. I lived for two weeks in a dizzying slow-motion fog that was worrying enough for my doc to order a brain MRI. Well, contrary to common belief, I do have one, a brain that is. And even more wondrous, it is normal, (well at least from an anatomical perspective). Now if anyone says that radiation is not such a big deal, don't believe them. By the time I was done, the affected area was red, sore and itchy. I doused myself with moisturizer and was stained purple with gentian violet (yep, the same thing I used to stain cells when teaching biology.) Nothing, beyond ending the treatments, worked.

All during this time I was periodically emailing an extensive list of friends and relatives who provided unlimited encouragement and support. I connected through the Komen foundation with another man who was a 14-year survivor, and through the internet, with the very editor of these stories. I armed myself with research and found this community of men, survivors who are willing to share their stories (Male Breast Cancer Coalition, MBCC). Yet, without my wife, I could not have gone through this process well at all. She was my nurse, driver, secretary, "memo pad", but mostly my best friend, confidant and lover. A strong support network is almost as important as chemo in this battle. Well, I'm now more than a year past diagnosis and for the moment am clear! This is when the real healing begins, the return to a "new normal." I'm on a life-time daily dose Tamoxifen, as I was "lucky" for my tumor to have been ER+ and PR+, and am tolerating it well. I've intentionally trimmed down from 220 lbs. to 188 lbs. in response to an onset of chemo-induced Type II diabetes. I completed the "Live-Strong-At-The-Y" program for cancer survivors. I'm continuing to, exceedingly slowly, reduce the lymphedema with therapy and I have returned to Tai-Chi classes. I've reduced my A1C from 6.7 to 5.7 and my LDL to 99. My wife is cooking me healthy meals and I'm exercising on a regular basis. I'm also becoming an advocate for MBCC awareness in my community. But there is always the niggling fear of recurrence or metastasis. And we MBCC blokes have the added "benefit" of an expected 30% increase in the risk of contracting prostate cancer. I've been told that my prospects for long-term survival are good, but as a survivor, you either die with cancer or because of it. All I can do is appreciate and be thankful for all that I have and let tomorrow fend for itself. Where there is fear, there is no hope. Frankly, I choose the latter.

MEDICAL UPDATE

What is Immunotherapy?

Immunotherapy medicines use the power of your body's immune system to attack cancer cells.

Your immune system is made up of a number of organs, tissues, and cells that work together to protect you from foreign invaders that can cause disease. When a disease- or infection-causing agent, such as a bacterium, virus, or fungus, gets into your body, your immune system reacts and works to kill the invaders. This self-defense system works to keep you from getting sick.

Cancer immunotherapy medicines work by helping your immune system work harder or more efficiently to fight cancer cells. Immunotherapy uses substances -- either made naturally by your body or man-made in a lab -- to boost the immune system to:

- ⌘ stop or slow cancer cell growth
- ⌘ stop cancer cells from spreading to other parts of the body
- ⌘ be better at killing cancer cells

To start an immune system response to a foreign invader, the immune system has to be able to tell the difference between cells or substances that are "self" (part of you) versus "non-self" (not part of you and possibly harmful). Your body's cells have proteins on their surfaces or inside them that help the immune system recognize them as "self." This is part of the reason the immune system usually doesn't attack your body's own tissues. (Autoimmune disorders happen when the immune system mistakenly attacks your own tissues, such as the thyroid gland, joints, connective tissue, or other organs.)

"Non-self" cells have proteins and other substances on their surfaces and inside them that the body doesn't recognize, called antigens. Foreign antigens trigger the immune system to attack them and the cells they are in or on, whether viruses, bacteria, or infected cells. This response either destroys the foreign invaders or keeps them in check so they can't harm the body.

So why doesn't your immune system attack breast cancer cells on its own, without the help of immunotherapy medicines? There are two main reasons:

⌘ **A breast cancer cell starts out as a normal, healthy cell.** A cancerous growth is a collection of cells that were once normal and healthy. Precancerous and even early breast cancer cells don't look that much different from normal cells. They don't shout "non-self" in the way that bacteria, viruses, and other foreign materials do -- which makes things more challenging for the immune system. But as cells transform into cancer, they do create proteins that the immune system sees as "foreign" antigens. In some cases, the immune system is able to recognize some cancer cells as harmful and stop the process before a cancer can grow further.

⌘ **As a cancer develops, the cancerous cells develop the ability to avoid the immune system.** Breast cancer doesn't happen overnight; it develops over a period of time. As healthy cells gradually change into cancer cells, the genetic information inside them is constantly changing. Some of these genetic changes allow the cancer cells to avoid detection by the immune system. Other

changes allow cancer cells to speed up their growth rate and multiply much more quickly than normal cells do. This process can overwhelm the immune system and allow the breast cancer to grow unchecked.

In general, immunotherapy medicines can be divided into two main groups:

- **Active immunotherapies**, which stimulate your immune system to respond to the cancer. Cells from a cancer are examined in the lab to find antigens specific to that tumor. Then an immunotherapy treatment is created that makes the immune system target those antigens. Cancer vaccines and adoptive cell therapy are examples of active immunotherapies.
- **Passive immunotherapies**, which give the body man-made immune system components to help it fight cancer. Passive immunotherapies don't stimulate your immune system to actively respond the way active immunotherapies do. Immune checkpoint inhibitors and cytokines are examples of passive immunotherapies.

Because immunotherapy medicines help your immune system to kill cancer, the process can take a long time. Right now, it's not clear how long someone should be treated with immunotherapy. Many experts believe that combining immunotherapies, for example a vaccine with a checkpoint inhibitor, may be a good way to jump start a strong immune response to cancer. It's also likely that immunotherapies will be combined with other cancer treatments, such as targeted therapies.

While there are many types of immunotherapies being studied, some of the most relevant to breast cancer treatment are:

- ⌘ cancer vaccines
- ⌘ adoptive cell therapy
- ⌘ immune checkpoint inhibitors
- ⌘ immune targeted therapies
- ⌘ cytokines

Right now, there are three targeted immunotherapies approved by the U.S. Food and Drug Administration (FDA) to treat breast cancer: Herceptin (chemical name: trastuzumab), Perjeta (chemical name: pertuzumab), and Kadcylla (chemical name: T-DM1 or ado-trastuzumab emtansine). These three medicines treat HER2-positive breast cancer by targeting the HER2 receptors on breast cancer cells.

Scientists are studying the immunogenicity of breast cancer -- how to provoke the immune system to respond to breast cancer -- as well specific immunotherapies. Stay tuned to Breastcancer.org for the latest updates.



COMPLEMENTARY CARE

Pet Therapy

What is it?

Pet therapy uses the support of an animal to help treat or reduce symptoms of a condition. Animals can be selected to be used for pet therapy for a variety of reasons, including their friendliness, their ability to interact in a non-threatening way, or simply the companionship they provide. Pet therapy aims to improve physical, social, emotional, and mental function. It is also used to help with feelings of loneliness or isolation.

Animal companionship has been used for comfort across cultures throughout history. This therapy is used with people of all ages, but particularly with children and the elderly.

Pet therapy is used to help improve quality of life, Alzheimer's disease, anxiety, dementia, depression, high blood pressure, pain, stress, autism, diabetes, muscle strength, post-traumatic stress disorder (PTSD), pain after surgery, spinal cord injury, schizophrenia, and psychological well-being.



How does it work?

Pet therapy might help reduce stress and promote relaxation. This might reduce the risk of symptoms in stress-related conditions. Pet therapy might also reduce feelings of isolation or loneliness.

Aspects of pet therapy that involve physical touch might stimulate pleasure in the brain, which encourages relaxation and well-being. Pet therapy might also work by distracting patients from pain and activating comforting thoughts.

Are there any Safety Concerns?

Pet therapy is **LIKELY SAFE** when used appropriately and when pet therapy does not take the place of proven treatments.

Some people might be allergic to certain animals used in pet therapy. Also, there have also been reports of pet therapy animals carrying diseases that have been transmitted to patients. Animals used for pet therapy should be always be screened by a veterinarian.

Pet therapy should not be used in place of standard treatments for diagnosed conditions.

What Dose is Used?

The appropriate or safe use of pet therapy depends on several factors such as the condition being treated or the person administering the treatment. Be sure to seek and follow relevant directions from your physician or other healthcare professional before using this treatment.

The basic purpose of pet therapy is to provide simple companionship. The most commonly used animals in pet therapy are dogs, which allow for the best level of interaction. However, cats, birds, fish, horses, and other animals have also been used for therapeutic purposes.

What Other Names is this Product Known by?

Animal-Assisted Activities (AAA), Animal-Assisted Therapy (AAT), Animal Companionship, Animals In Human Therapy, Canine Visitation Therapy (CVT), Companion Animal Therapy, Pet-Assisted Therapy, Pet-Facilitated Therapy.

For More information on Pet therapy and Breast Cancer go to: <https://ww5.komen.org/BreastCancer/Pet-Therapy.html>

NUTRITIONAL INFORMATION

Nutrition Tips for Improving Your Health

Good nutrition is one of the keys to a healthy life. You can improve your health by keeping a balanced diet. You should eat foods that contain vitamins and minerals. This includes fruits, vegetables, whole grains, dairy, and a source of protein.

Ask yourself the following questions. If you answer yes to any of them, talk to your doctor about your health. You may need to improve your eating habits for better nutrition.

- ⌘ Do you have a health problem or risk factor, such as high blood pressure or high cholesterol?
- ⌘ Did your doctor tell you that you can improve your condition with better nutrition?
- ⌘ Do diabetes, cancer, heart disease, or osteoporosis run in your family?
- ⌘ Are you overweight?
- ⌘ Do you have questions about what foods you should eat or whether you should take vitamins?
- ⌘ Do you think that you would benefit from seeing a registered dietitian or someone who specializes in nutrition counseling?

Path to improved health

It can be hard to change your eating habits. It helps if you focus on small changes. Making changes to your diet may also be beneficial if you have diseases that can be made worse by things you are eating or drinking. Symptoms from conditions such as kidney disease, lactose intolerance, and celiac disease can all benefit from changes in diet. Below are suggestions to improve your health. Be sure to stay in touch with your doctor so they know how you are doing.

- ⌘ Find the strong and weak points in your current diet. Do you eat 4-5 cups of fruits and vegetables every day? Do you get enough calcium? Do you eat whole grain, high-fiber foods? If so, you're on the right track! Keep it up. If not, add more of these foods to your daily diet.
- ⌘ Keep track of your food intake by writing down what you eat and drink every day. This record will help you assess your diet. You'll see if you need to eat more or less from certain food groups.
- ⌘ Think about asking for help from a dietitian. They can help you follow a special diet, especially if you have a health issue.

Almost everyone can benefit from cutting back on unhealthy fat. If you currently eat a lot of fat, commit to cutting back and changing your habits. Unhealthy fats include things such as: dark chicken meat; poultry skin; fatty cuts of pork, beef, and lamb; and high-fat dairy foods (whole milk, butter, cheeses). Ways to cut back on unhealthy fats include:

- ⌘ Rather than frying meat, bake, grill, or broil it. Take off the skin before cooking chicken or turkey. Try eating fish at least once a week.
- ⌘ Reduce any extra fat. This includes butter on bread, sour cream on baked potatoes, and salad dressings. Use low-fat or nonfat versions of these foods.
- ⌘ Eat plenty of fruits and vegetables with your meals and as snacks.
- ⌘ Read the nutrition labels on foods before you buy them. If you



need help with the labels, ask your doctor or dietitian.

- ⌘ When you eat out, be aware of hidden fats and larger portion sizes.
- ⌘ Staying hydrated is important for good health. Drink zero- or low-calorie beverages, such as water or tea. Sweetened drinks add lots of sugar and calories to your diet. This includes fruit juice, soda, sports and energy drinks, sweetened or flavored milk, and sweetened iced tea.

Things to consider

Balanced nutrition and regular exercise are good for your health. These habits can help you lose or maintain weight. Try to set realistic goals. They could be making some of the small diet changes listed above or walking daily.

Doctors and dietitians suggest making healthy eating habits a part of daily life rather than following fad diets. Nutrition tips and diets from different sources can be misleading. Keep in mind the advice below, and always check with your doctor first.

- ⌘ Secret diets aren't the answer. Fad or short-term diets may promise to help you lose weight fast. However, they are hard to keep up with and could be unhealthy.
- ⌘ Good nutrition doesn't come in a pill. Try eating a variety of foods instead. Your body benefits most from healthy whole foods. Only take vitamins that your doctor prescribes.
- ⌘ Diet programs or products can confuse you with their claims. Most people in these ads get paid for their endorsements. They don't talk about side effects, problems, or regained weight.

Questions to ask your doctor

- ⌘ How many servings should I eat from each food group?
- ⌘ If I'm on a strict diet, such as vegetarian or vegan, how can I improve my health?
- ⌘ Are there certain eating habits I should follow for my health condition?

Resources

American Academy of Family Physicians, Nutrition: How to Make Healthier Food Choices

U.S. Department of Agriculture, ChooseMyPlate

Last Updated: March 7, 2017

This article was contributed by: familydoctor.org editorial staff

COMMUNITY SUPPORT



Gerdi Kulp from the American Legion Post #93 in Pocomoke City presented Women Supporting Women's Executive Director Cindy Feist with a donation of \$685.80 that the American Legion raised.

Women Supporting Women's staff enjoyed our 1st staff day away at Windy Way Horses in Hurlock, MD. We were given the opportunity to enjoy a great day learning about the programs Windy Way Horses provides. It was a fun day full of learning, riding, and team building outdoors.



MENTORING MINUTE

With family and friends coming over for holidays, BBQ's, events, etc. are you keeping your prescriptions in a safe, secure place?

Keep the prescriptions out of a generally used bathroom or a medicine cabinet for easy finding. Secure them in a private area so there is no easy access.

When finish with the prescriptions make sure to tear of label. If you still have some pills left and are not planning to finish them, take them to designated areas for safe drop-offs or call the DEA Office of Division Control's Registration Call Center at 1-800-882-9539 to find an authorized collector in your community.

www.fda.gov/drugs/resourcesforyou

Follow these simple steps to dispose of medicines in the household trash

MIX
Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds;

PLACE
Place the mixture in a container such as a sealed plastic bag;

THROW
Throw the container in your household trash;

SCRATCH OUT
Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.

WSW NEWS AND HAPPENINGS

1320 BELMONT AVENUE, SUITE 402

SALISBURY, MARYLAND 21804

410-548-7880

WICOMICO@WOMENSUPPORTINGWOMEN.ORG

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

UPCOMING EVENTS:

FUN FACTS:



This month is considered to be the last of the summer months

Birthstone: Peridot and Sardonyx

Flower: Gladiolus and Poppy

Zodiac Signs: Leo and Virgo

Stitch Therapy

Love to knit or want to learn how? Attend the WSW Knitters group on the 2nd Monday of every month from 1PM-3PM. They meet at the Richard A. Henson Cancer Institute on 11105 Cathage Rd., Ocean Pines, MD 21811.

Healing Through the Arts — Poetry

Tuesday, August 14, from 5:30PM-7:00PM, come to WSW office at 1320 Belmont Ave Suite 402, Salisbury, MD 21804 and enjoy an evening learning more about poetry and writing your own poems.

Maui Jack Waterpark

Saturday, August 18, come celebrate Women Supporting Women day at the NEW Maui Jack Waterpark. See page #9 for more details.

Healing Through the arts — Horse Painting

Saturday, September 15th, come to Windy Way Horses at 6836 East Market-Ellwood Rd, Hurlock MD 21643 and enjoy an evening of painting on a horse.

17th Annual Walk For Awareness

Saturday, October 13th at the Winter Place Park.

This is the perfect time to start fundraising to claim the title of Top Fundraiser for either Individual or Team. Team and fundraising packets will be available for pick-up in our office. Please call Shelby at 410-548-7880 or email

Events@womensupportingwomen.org with any question or to sign up your team.

25th Anniversary Gala—SAVE THE DATE!

Women Supporting Women will be celebrating their 25th anniversary with the Hope Gala on Friday, November 2. This event will be held at the Hyatt Regency Chesapeake Bay Golf Resort, Spa and Marina in Cambridge, MD

Office Staff Members

Cindy Feist

Executive Director

Lucy Francis

Administrative Assistant

Sarah McGarity

PR & Marketing

Shelby Moore

Event Coordinator

Cerah Edsall

&

Kathy Pisani

Mentoring Coordinators

WSW NEWS AND HAPPENINGS



WSW DAY

Join us on August 18th at Maui Jack's Waterpark in beautiful Chincoteage, VA! Women Supporting Women will be there with fun games, selfie stations, and more!

\$10.00 discounted tickets are available at the Women Supporting Women office prior to the event! Maui Jack's will be donating \$1.00 for every ticket sold at the gate the day of the event!

Contact WSW at 410-548-7880 for ticket information.

WWW.WOMENSUPPORTINGWOMEN.ORG
WWW.MAUIJACKS.COM

WSW ANNOUNCES NEW STAFF



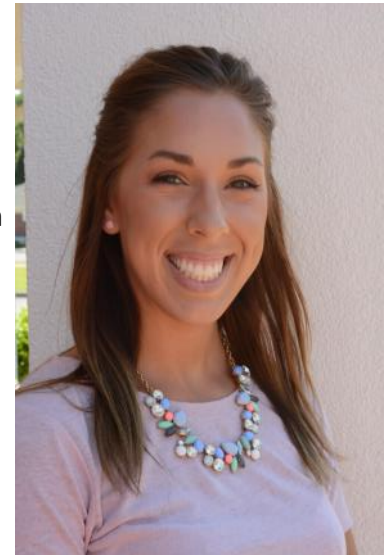
Lucy Francis comes to WSW from Clover, South Carolina. She is a graduate of Salisbury University with a major in Community Health Education and a minor in Marketing Management. Her appointment to WSW comes after interning with the organization during the spring 2018.

Lucy's smile will be infectious when she answers your phone calls and greets and assists those who walk into the office. Francis says, "I feel that my recent college studies have given me a broader knowledge of the community and the current health concerns within it. Thus, I look forward to having an impact on the breast cancer survivors who walk through our doors."

Cerah Edsall is from Cambridge, Maryland and a graduate of Salisbury University with a major in Exercise Science and a minor in Psychology. She came on as a full-time staff member after interning with WSW for the spring 2018 semester. Her duties will include making connections with newly diagnosed breast cancer survivors and helping them through their breast cancer journey.

Edsall said she is "honored to be tasked with the great responsibility in helping breast cancer survivors through their journey. I look forward to many, fulfilling years to come meeting these amazing women."

WSW is excited to welcome both Lucy and Cerah to the TEAM.



SAVE THE DATE
25TH ANNIVERSARY
GALA
WOMEN SUPPORTING WOMEN
WSW
Local Services • Local Support

Friday • November 2, 2018 • 6:00 PM
Hyatt Regency Chesapeake Bay Golf Resort, Spa and Marina
100 Heron Blvd., Cambridge, MD 21804

DONOR THANKS

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In Memory Of:

Walt Bozza

Carolyn and Fernando Montes

In Honor Of:

Ruth Culver

Martha Yates

Business:

WANT TO GIVE TO WSW?

MONETARY Support

- ⌘ Donate online through our NEW website
- ⌘ Donate over the phone
- ⌘ Mail a check (form on back)
- ⌘ Donate In Honor or In Memory Of
- ⌘ Host a third Party Fundraiser

IN-KIND (NON-MONETARY) SUPPORT

- ⌘ Wigs
- ⌘ Bras
- ⌘ All types of head coverings
- ⌘ Prostheses
- ⌘ Paper, cardstock, etc...
- ⌘ Volunteer your time to make pink ribbons



Local Services • Local Support

NONPROFIT ORG
PAID
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. Thank you.

410-548-7880 or

Wicomico@womensupportingwomen.org

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Colleen Brewington, Secretary

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Ginger Donovan

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