

PROSTATE CANCER SUPPORT GROUP

Sponsored by

Prostate Cancer Foundation of Chicago

Phone: (630) 654-2515

www.chicagoprostatefoundation.org

Our monthly meetings are open to survivors, new patients, family members, caregivers and any others who are interested in prostate cancer and treatment options. Please join us at one or all of our meetings:

NO JANUARY MEETING
Wednesday, February 4, 2009
Wednesday, March 4, 2009
Wednesday, April 1, 2009
Wednesday, May 6, 2009
Wednesday, June 3, 2009

NO JULY MEETING
Wednesday, August 5, 2009
Wednesday, September 2, 2009
Wednesday, October 7, 2009
Wednesday, November 4, 2009
Wednesday, December 2, 2009

All meetings begin at 7:00 pm at:

**Chicago Prostate Cancer Center
815 Pasquinelli Drive
Westmont, IL 60559**

- ❖ If you have been diagnosed with prostate cancer and are looking to discuss treatment options;
- ❖ If you had a recent seed implant or other treatment for prostate cancer and want to share your experience with others; or
- ❖ If you want to listen, ask specific questions about treatment options or meet other patients

Please RSVP before each meeting to let us know you are coming!

Refreshments will be served

Prostate Cancer Foundation of Chicago is a non-profit organization dedicated to improving quality of care and quality of life by funding patient support programs, clinical research as well as professional and public education. Our goal is to further promote public awareness, cancer prevention, detection and treatment options to all prostate cancer patients, their families and medical professionals involved in the diagnosis and treatment of prostate cancer. **If you would like to make a donation in support of prostate cancer research and education, please complete form below and mail to 815 Pasquinelli Drive, Westmont IL, 60559.**

Prostate Cancer Foundation of Chicago is a registered 501(c)(3) nonprofit organization. Receipts will be issued by mail and all donations are tax deductible under IRS regulations	
Please make your check or money order payable to: PCFC (Prostate Cancer Foundation of Chicago)	
Amount \$ _____	
Donor Name: _____	
Address: _____	
City/State/Zip: _____	
Phone Number: _____	
For Credit Card Users Only: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	
Account Number: _____	Exp. Date: _____
Signature: _____	

