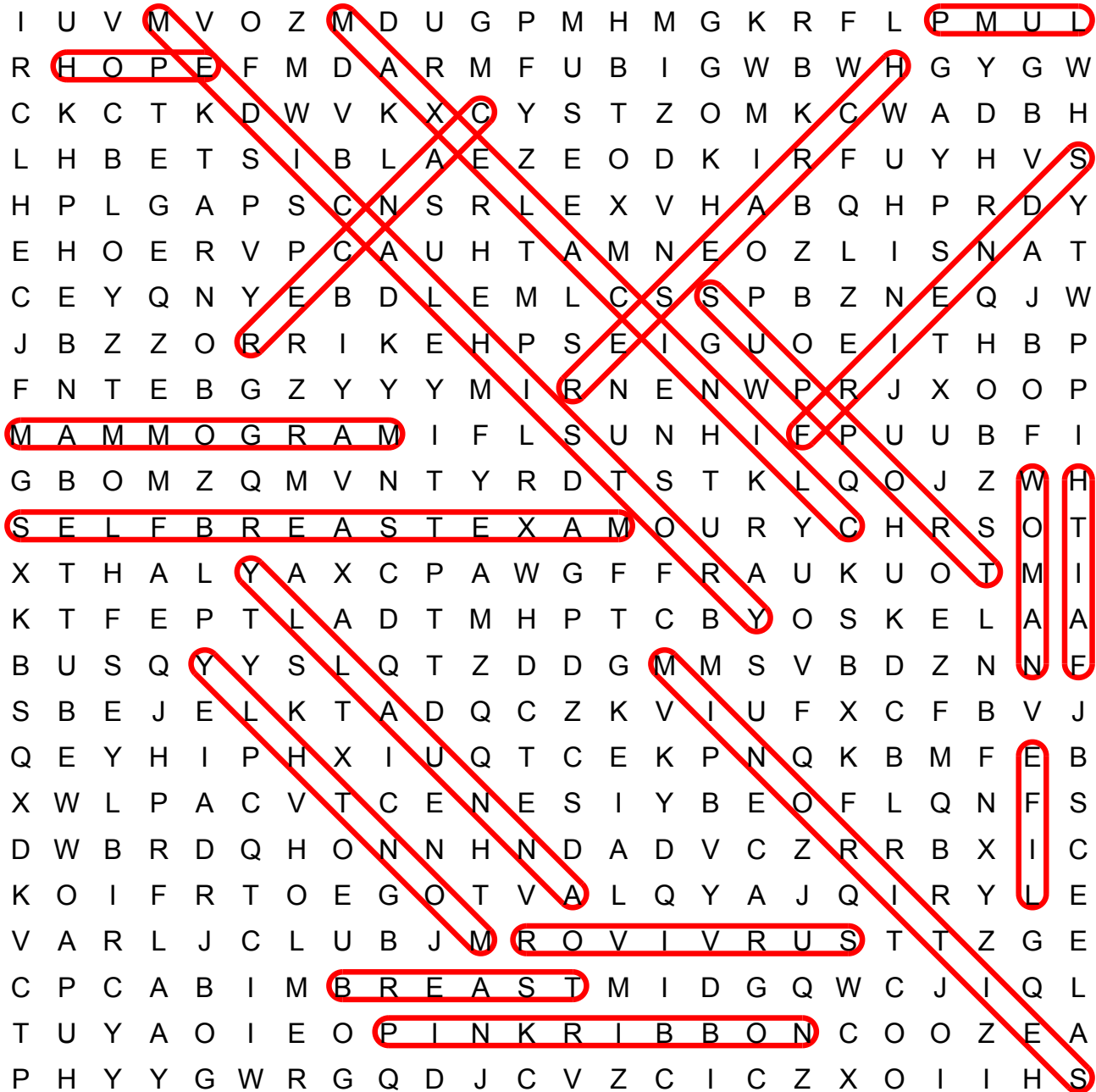


Name: _____

Date: _____

Breast Cancer Awareness



Self Breast Exam

Medical History

Clinical Exam

Pink Ribbon

Minorities

Mammogram

Survivor

Research

Annually

Support

Monthly

Friends

Breast

Cancer

Woman

Faith

Hope

Life

Lump