Name: _____ Date: _____

Breast Cancer Awareness Month

H K Z A Q W U N G S B J F N G C B M O Y X Y E M
M A M M O G R A M F L D B E A G R T N P N U G N
T A P G N I N E E R C S K M E Q E G L N O P O M
G Z M N R W K H R B D K D O X K A Z M H I T U N
Z R U D Q Z K B E A E G K W M T S E H G T X U Y
K E L G J J V X O N T Z Y X O Z T S V M N L L A
D B N N H C G N V B E X I A R R H I O L E F X N
K O B Y V H Z P T F R U G B N C E A Y F V K Y D
S T D W V L F X S C M J W B O P A C J O E B W Q
E C K F P J Q N V Q I U D N B Z L H H P R A B U
L O W O R W V H D M N Y J N B K T A N A P G E N
F P R L Q W M Q T C A C T Y I D H N R T R R W O
E G U Y U R J V D C T C E M R Y S X P N U I M O
X N G I A P M A C F I X U D W M V F T C S F T F
A X O G E A Z G X N O A W A R E N E S S U G X Y
M Q C D J A T Q J F N Q O W Y Q O O P P F D Y N
I I J K E C R I A X P S J L H I N F P X A I K N
N O E F G G E A Y R P O R O T G I W K N I A Y A
A A A R N C A W F V A A P E K K L A W F T Y L F
T Q I B J B T D B T E E B L I J F R B F H J T D
I V K M N L M U X Y U L Q R L I Z M M R P P N B
O L C B E V E E I Y T Z O X G C I G R H X I F M
N E F K Y N N U J K F W V G I Z D K O V G N A J
W Q A Q I Y T T E S H Y U N A N D E A A K K V X

SELF EXAMINATION
AWARENESS
CAMPAIGN
YEARLY
HOPE
MEN
BREAST HEALTH
MAMMOGRAM
CHARITY
FAITH
LUMP
DETERMINATION
SCREENING
OCTOBER
WOMEN
PINK
PREVENTION
TREATMENT
RIBBON
CURE
WALK