

## **CREATIVE CUPS™ box label**

*(Affix this label to outside of box)*

Your name \_\_\_\_\_

Bra name \_\_\_\_\_

One phone number \_\_\_\_\_

Email \_\_\_\_\_

**BE SURE YOU HAVE EMAILED YOUR STORY TO: [breastcancerhotline@adelphi.edu](mailto:breastcancerhotline@adelphi.edu)**

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**MAIL TO: Adelphi Breast Cancer Program  
Adelphi University  
School of Social Work  
1 South Ave, PO Box 701  
Garden City, New York 11530-0701**

## **CREATIVE CUPS™ bra label**

*(pin to your bra)*

### **CREATIVE CUPS™ bra label**

bra title \_\_\_\_\_

your name \_\_\_\_\_

ph: \_\_\_\_\_ email \_\_\_\_\_

fax \_\_\_\_\_