

YOUR FEEDBACK IS IMPORTANT!



BAG IT requests your feedback to help us continue to serve newly-diagnosed cancer patients and their families. Your responses to this survey will be used to document the value of BAG IT. The continued distribution of BAG IT is dependent upon community support. For your convenience, this form folds over into a self-mailing envelope. This survey may also be completed and submitted online at bagit4u.org.

| | N/A | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-----|-------------------|----------|---------|-------|----------------|
| The printed publications increased my knowledge about my cancer. | | | | | | |
| The USB content increased my knowledge about my cancer. | | | | | | |
| BAG IT helped me cope/worry less. | | | | | | |
| BAG IT helped me get organized. | | | | | | |
| BAG IT helped me communicate with my medical team. | | | | | | |
| My family/friends/caregivers found BAG IT useful. | | | | | | |

Comments or anything you would like to share:

You may use my statement with without my name

Date _____ Date of Diagnosis _____ Facility _____

Name _____ Email _____

Address _____ City/State/Zip _____

BAG IT will not share your contact information with any organization.

A donation is appreciated. See back side.



PLACE
 STAMP
 HERE

BAG IT
Support for People with Cancer
7090 N Oracle Road 178-184
Tucson, AZ 85704-4333





I would like to support the BAG IT mission with a tax-deductible donation.

I want to help *Fight The Fear of Cancer!*

I would like to donate \$ _____

enclosed check payable to BAG IT Visa MC Amex

Please deduct this amount: Monthly Annually One-time

CREDIT CARD INFORMATION:

Card # _____ Exp. Date _____ Sec. Code _____

Name on Card _____

OPTIONAL:

My gift is in memory/honor of _____

Please Notify _____

Address _____ City/State/Zip _____

DONOR INFORMATION:

Anonymous

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Donate Securely Online: bagit4u.org/donations/

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