

Tell A Friend Tracking Form

Please complete the entire tracking form. All information is considered confidential and will be used only by the American Cancer Society for your personal fight against cancer and to evaluate the effectiveness of our programs. Thank you for your commitment to saving women's lives.

Tell A Friend Volunteer Information

Volunteer name - First: _____ Last: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ E-mail: _____
 Birthdate: ___/___/____ Last mammogram (if applicable): ___/___ (mm/yy)
 Race/Ethnicity: African American Arab Asian Caucasian
 Native American Hispanic Chaldean Other

Date of Contacts: ___/___/___

Event Name: _____

ACS Staff Partner's Name: _____

Team Name or Worksite Name: _____

I Contacted these Friends:

1) First: _____ Last: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: (____) _____ Birthdate: ___/___/___
 Race/Ethnicity: African American Arab Asian Caucasian
 Native American Hispanic Chaldean Other

2) First: _____ Last: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: (____) _____ Birthdate: ___/___/___
 Race/Ethnicity: African American Arab Asian Caucasian
 Native American Hispanic Chaldean Other

3) First: _____ Last: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: (____) _____ Birthdate: ___/___/___
 Race/Ethnicity: African American Arab Asian Caucasian
 Native American Hispanic Chaldean Other

4) First: _____ Last: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: (____) _____ Birthdate: ___/___/___
 Race/Ethnicity: African American Arab Asian Caucasian
 Native American Hispanic Chaldean Other

5) First: _____ Last: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: (____) _____ Birthdate: ___/___/___
 Race/Ethnicity: African American Arab Asian Caucasian
 Native American Hispanic Chaldean Other

Contact Results

Have you had a mammogram in the last 12 months? Yes No

If **Yes**, date: ___/___ (mm/yy)
 If **No** for financial reasons, would you like ACS to contact you about a referral for a free/low-cost mammogram? Yes No

Contact Results

Have you had a mammogram in the last 12 months? Yes No

If **Yes**, date: ___/___ (mm/yy)
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