

Name: _____

Date: _____

Breast Cancer Awareness Month

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

Self Examination
Self Check
Screening
Monthly
Ribbon
Pink

Determination
Tenderness
Treatment
October
Yearly
Walk

Fundraising
Awareness
Strength
Breast
Cure
Xray

Mammography
Mammogram
Charity
Health
Lump