



Check #: _____ Date mailed: _____

Donor Name: _____ Amount: _____

- Make check payable to: **Pledge the Pink Foundation**
- Mail this coupon & your donation to:
**Pledge the Pink Foundation
P.O. Box 3195 Bluffton, SC 29910**
- Include 1 coupon per donation
- Please print clearly in black or blue ballpoint pen
- Please write Participant name or Team name in the subject line on your check
- Do NOT send cash
- Name and email address are required for tax-receipt purposes

- **MATCHING GIFTS:** Mail coupon, check & form to:
**Pledge the Pink Foundation
P.O. Box 3195 Bluffton, SC 29910**
- You may also donate online at:
donate.pledgethepink.com
- Please allow up to 14 business days for processing
- All information is confidential
- All donations are non-refundable
- Donations are tax deductible
- **Pledge the Pink Foundation is a registered 501(c)(3) Tax ID: 27-1399712**

Cut along the dotted line above. Keep the top portion for your records and mail the lower portion with your donation.



Please make check payable to **Pledge the Pink Foundation** and mail to this address:

**Pledge the Pink Foundation
P.O. Box 3195
Bluffton, SC 29910**

Donor First Name: _____

Donation Amount: _____

Donor Last Name: _____

Name of Participant or Team to Allocate Donation to:

Address: _____

City: _____

Message you would like to include:

State: _____ Zip: _____

Donation email address: *(required to receive a tax receipt)*

Did you know that \$300 funds a mammogram? Which means that every \$300 we raise could save a life