



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
- 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 \$100 funds a mammogram? Which means that every \$100 we raise could save a life.