



## Sponsorship Commitment Form

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ e-Mail \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

### Sponsorship Levels

#### How Many Mammogram and Imaging Services Would You Like to Fund?

<input type="checkbox"/>	Title Sponsor	nearly 300 Imaging Services	\$100,000
<input type="checkbox"/>	Preeminent Sponsor	nearly 225 Imaging Services	\$75,000
<input type="checkbox"/>	Pink Advocate Sponsor	nearly 150 Imaging Services	\$50,000
<input type="checkbox"/>	Pink Warrior Sponsor	nearly 75 Imaging Services	\$25,000
<input type="checkbox"/>	Premier Sponsor	nearly 45 Imaging Services	\$15,000
<input type="checkbox"/>	Champion Sponsor	nearly 30 Imaging Services	\$10,000
<input type="checkbox"/>	Hope Sponsor	nearly 15 Imaging Services	\$5,000
<input type="checkbox"/>	Pink Hero Sponsor	nearly 9 Imaging Services	\$3,000
<input type="checkbox"/>	Pink Heart Sponsor	nearly 5 Imaging Services	\$1,500

For those interested in donating \$300 or more, join us as a **Pink Ribbon Friend**

Level Selected \_\_\_\_\_

Name as it should be listed \_\_\_\_\_

For additional opportunities or questions, please contact:  
Marica Pendjer at 949-293-8125 or [Marica@PinkRibbonJax.org](mailto:Marica@PinkRibbonJax.org)

Please make checks payable to: **Pink Ribbon Jax**

Mail completed form and check to: Pink Ribbon Jax  
PO Box 483, Ponte Vedra Beach, FL 32004

To donate by credit card, please visit **[PinkRibbonJax.org](http://PinkRibbonJax.org)**