Sponsorship Commitment Form

Type text here

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?

☐	Title Sponsor	nearly 300 Imaging Services	$100,000
☐	Preeminent Sponsor	nearly 225 Imaging Services	$75,000
☐	Pink Advocate Sponsor	nearly 150 Imaging Services	$50,000
☐	Pink Warrior Sponsor	nearly 75 Imaging Services	$25,000
☐	Premier Sponsor	nearly 45 Imaging Services	$15,000
☐	Champion Sponsor	nearly 30 Imaging Services	$10,000
☐	Hope Sponsor	nearly 15 Imaging Services	$5,000
☐	Pink Hero Sponsor	nearly 9 Imaging Services	$3,000
☐	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

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**

Pink Ribbon Jax is a nonprofit 501(c)(3) organization, EIN 99-3779514