



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)*

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**Did you know that \$100 funds a mammogram?** Which means that every \$100 we raise could save a life.