

**OHIO**  
*Pink Ribbon*  
**FUND**



Helping  
Survivors  
Live.

Date: \_\_\_\_\_

**DONATION FOR (please check all that apply)**

Sponsorship      General

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Please add me to e-mail list

**CREDIT CARD AUTHORIZATION**

Credit Card Type (please check one):

Card Billing Address (If same as above, leave blank): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. of Cardholder: \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID or Security Code: \_\_\_\_\_

I hereby authorize the Ohio Pink Ribbon Fund to charge the following amount \$ \_\_\_\_\_  
to my credit card.      *One-Time*      *Monthly*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECK**

Please make all checks out to "Ohio Pink Ribbon Fund" and kindly mail with the attached form to the address listed below.

**OPTIONAL DEDICATION**

Please make my gift:

In Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_

Please send acknowledgment of dedication to (name/address required):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND SUPPORT!**

*The Ohio Pink Ribbon Fund recognized by the IRS as a 501 (c)(3) tax-exempt organization.*

*Our EIN number is 02-4608258. Please consult with your tax advisor regarding the deductibility of your contribution.*

P.O. BOX 13 • Albany, OH 45710 • Phone: (740) 591-8956 • [www.ohiopinkribbon.org](http://www.ohiopinkribbon.org)