



## PINK HEALS VISIT REQUEST FORM

Public Event\_\_\_\_ Home Visit\_\_\_\_  
(Check One)

Please allow 4 weeks advance notice where possible.

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

Address of Event: \_\_\_\_\_

Date of Event:\_\_\_\_\_ Hours: \_\_\_\_\_ To \_\_\_\_\_ Set up Time: \_\_\_\_\_

Charity for the Event: \_\_\_\_\_

Contact Person for the Event: \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

May we speak at the event? Y \_\_\_\_\_ N \_\_\_\_\_

May we sell Pink Heals merchandise and/or receive donations? Y \_\_\_\_\_ N \_\_\_\_\_

(Sales/donations cover the cost of insurance, fuel, and maintenance of our pink trucks)

Our mission statement requires us to support local organizations and charities that support women and their families. All funds raised must stay local. If any portion of the funds raised are being delivered outside your community, county or the State of Florida, we may respectfully decline the invitation to attend your event. We do however wish you great success in making a difference for those you support.

### PLEASE GIVE A BRIEF DESCRIPTION OF THE EVENT

---

---

---

Please return to [pinkheals.event@gmail.com](mailto:pinkheals.event@gmail.com)

Or Mail To

Pink Heals Southwest Florida Chapter, Inc.

PO Box 250

Ft. Myers, FL 33929

\*\*\*\*\*ALL VISITS SUBJECT TO PINK HEALS SWFL BOARD APPROVAL\*\*\*\*\*