



## Corporate Donation Form

**SIGN ME UP!** I want to donate to **All Shades of Pink Emergency Assistance Fund.**

Please accept my contribution of:

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> \$250       | <input type="checkbox"/> \$1,500 |
| <input type="checkbox"/> \$500       | <input type="checkbox"/> \$2,000 |
| <input type="checkbox"/> \$1,000     | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> _____ Other |                                  |

- 
- I consent to have our company's name appear on All Shades of Pink Signature Event literature and/or website.
- I do not consent to have our company's name appear on All Shades of Pink Signature Event literature and/or website.
- Please list this donation as "Anonymous". Thank you.

- 
- Please add me to your mailing list. Thank you.

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

Company: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please complete this form with your contribution and mail to:

**All Shades of Pink, Incorporated**  
P.O. Box 501, Glenn Dale, MD 20769

All Shades of Pink will commit 100% of all funds raised for the Emergency Assistance Fund to helping breast cancer families meet their needs in emergency situations during their treatment periods.