



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

Please accept my contribution of:

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> _____ Other | |

My gift is in honor of: _____

My gift is in memory of: _____

Please add me to your mailing list. Thank you.

Name: _____

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.