



Donation Reply Form

For Use with Cash, In-Kind or Auction Donations

Date _____ Contact name _____

Company name _____

Telephone _____ E-mail _____

Address _____

Mailing Address (if different) _____

Cash Donation - Amount \$ _____

In-Kind Donation - Value \$ _____

Auction Donation - Value \$ _____

Description _____

Is this donation in honor of someone?

Name _____

Committee contact _____ Phone _____

Please make checks payable to: **The Pink Ribbon Golf Classic**

Once completed, mail this form and your check to: The Pink Ribbon Golf Classic
P.O. Box 483
Ponte Vedra Beach, FL 32004

For donations by credit card, please visit our website: www.pinkribbonjax.org.

For in-kind or auction donations or if there are any questions, please contact the Pink Ribbon Committee via our website under **Contact Us**.

Additional donation information is available at PinkRibbonJax.org.

A copy of the official registration and financial information for Baptist Health Foundation, Inc. may be obtained from the division of consumer services by calling toll-free within Florida (V-800-435-7352). Registration does not imply endorsement, approval, or recommendation by the state. SC-03625