



2019 Donation Form

Date _____ Name _____

Telephone _____ E-mail _____

Address _____

Mailing Address (if different) _____

\$50 \$100 \$250 \$500 \$1,000 Other _____

*Join us as Friends of Pink Ribbon with a donation of \$250 or greater.
Up to \$50,000 donated to the Pink Ribbon Golf Classic in 2019 will be matched.*

Is this donation in honor of someone?

Name _____

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.

Additional donation information is available at PinkRibbonJax.org.

Your donation is tax deductible to the extent allowed by law.

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