



1-866-557-PINK (7465)
 ccpfevents@proscan.com
 5400 Kennedy Ave., Cincinnati, OH 45213

14th Annual Pink Ribbon Luncheon

Thursday, October 8, 2015

SPONSORSHIP

You can become a sponsor or make a donation online at www.pinkribbonluncheon.org.

Personal or Company Information

Name: _____
 Company (if applicable): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
 Sponsorship to be listed as (Individual or Company Name): _____
 (Please write your name exactly as you would like it listed in the program and other event materials).

Pink Ribbon Luncheon Sponsor

- Silver Angel: \$10,000**
 2 premier tables for 10 at event, prominent acknowledgement in marketing materials
- Pink Angel: \$5,000**
 1 preferred table for 10 at event, prominent acknowledgement in marketing materials
- Angel: \$3,000**
 1 preferred table for 10 at event, acknowledgement in marketing materials
- Corporate Table: \$2,000**
 1 table for 10 at event, acknowledgement in marketing materials

To be included on printed materials, please send completed sponsorship form and your company's print-ready logo artwork to mfennell@proscan.com by August 14, 2015.

Unable to attend, but would like to make a donation in the amount of: \$ _____

Payment Information

Please send payment by Friday, August 14, 2015 to **5400 Kennedy Ave., Cincinnati, OH 45213**

- Sponsorship/donation check is included. Make checks payable to The Pink Ribbon.
- Please charge my credit card with the information listed below.

Type of Credit Card: Visa MasterCard Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ CVC Code (on back of card): _____

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

For more information, please visit us at www.pinkribbonluncheon.org.

Thank you for your support!

GUEST INFORMATION

(To be filled out by Pink Ribbon Luncheon Sponsor)

- GO GREEN:** Please send me an email invitation and I will forward it to my guests.
- Please mail hard copies of invitations to:

1. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

2. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

3. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

4. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

5. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

6. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

7. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

8. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

9. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____

10. First Name: _____ Last Name: _____ Phone: _____
Address: _____ City: _____ State: ____ Zip: _____ Email: _____