

Superior Health Foundation -121 N. Front St., Marquette, MI 49855

"31 Days of Pink" Form

(Please Print Clearly)

Business name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____ E-mail: _____

I wish to be a "31 Days of Pink" day sponsor for the amount of \$250

Enclosed is a check made payable to the Superior Health Foundation Website: _____

Please bill my credit card: VISA MasterCard Discover

Credit Card Number: - - -

Expiration Date: - Security Code (required):

Signature: _____

We wish to be a sponsor on the _____ of October. Second choice would be the _____ of October.

I'd like to be on your email list. My email is: _____

Questions? Please call the SHF at 906.225.6914 or visit at www.superiorhealthfoundation.org

Gifts are tax deductible to the extent provided by law; specific tax info will be sent with your acknowledgement letter.

