

PINK ME UP!
A 1K/5K COLOR CELEBRATION
A benefit for Cancer Support Community
Kalispell



SAVE THE DATE
10.2.16

www.facebook.com/pinkmeupmontana



Sponsorship/Donor Submission Form

Business Name: _____ Contact Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Cash Sponsorship Amount \$ _____

Donated item or service Value \$ _____

Description of donated item(s) or service(s):



Check enclosed Item is included with this form Please call to arrange pick up

Signature of Sponsor/Donor: _____

Signature of KRH Representative: _____

Please send completed form, sponsorship check or items to:
Kalispell Regional Healthcare Foundation,
Attn: Pink Me Up, 310 Sunnyview Lane, Kalispell, MT 59901
Thank you!