






OUR MISSION:
To compassionately support women during and after their breast cancer journey through education, inspiration, and advocacy so they can lead healthy, fulfilled lives within a supportive community.

PINK "ME"®

FIVE FOR FIVE FUNDRAISING CAMPAIGN

 \$500	 \$5,000	 \$50,000
<p>LEVEL- ADVOCATE</p> <ul style="list-style-type: none"> Name listed on the PINK "ME" 5th year Honor Roll displayed on the website and annual report A personalized thank-you letter from the organization and a commemorative "Five for Five" pin. 	<p>LEVEL -CHAMPION</p> <ul style="list-style-type: none"> Recognition in event programs and promotional materials Two VIP tickets to the PINK "ME" annual fundraiser or 5th year celebration event A limited-edition pink charm bracelet or exclusive merchandise A personalized thank-you letter from the organization and a commemorative "Five for Five" pin. 	<p>LEVEL- VISIONARY</p> <ul style="list-style-type: none"> Private recognition ceremony and opportunity to speak at an event. Recognition in event programs and promotional materials VIP status with complimentary ticket to annual PINK "ME" events Custom plaque or artwork recognizing the contribution, presented at the 5th year celebration event Opportunity to sponsor a program or initiative with name/branding recognition.

Sponsorship Level Donation Form

Thank you for considering supporting PINK "ME" ®! Your generosity helps us to compassionately support women during and after their breast cancer journey through education, inspiration, and advocacy so they can lead healthy fulfilled lives within a supportive community. Below are our sponsorship opportunities. Please complete the form and return it to us by August 29, 2025.

Sponsor Information

Company/Individual Name: _____

Contact Person: _____

Title: _____

Address: _____

City, State, ZIP Code: _____

Phone: _____

Email: _____

Sponsorship Levels

(Select one)

- **Advocate Sponsor** - \$500
- **Champaign Sponsor** - \$5,000
- **Visionary Sponsor** - \$50,000
- **Custom Donation** - \$_____

Payment Information

Payment Method:

- Check (payable to PINK "ME")
- Credit Card
Card Number: _____
Expiration Date: _____ **CVV:** _____
- Online (visit www.pink-me.org/donate)
- Other: _____

Acknowledgment and Recognition

Please indicate how you would like your name or company name to appear in acknowledgments:

I wish to remain anonymous.

Signature

I agree to sponsor PINK “ME” at the level selected above and understand the associated benefits.

Signature: _____

Date: _____

Submission Instructions

Please return this form via:

- Email: info@pink-me.org
- Mail: 7820 Enchanted Hills Blvd STE A 252, Rio Rancho NM, 87144
- Check made payable to: PINK “ME”

For questions, please contact Dr. Michelle Bean, PINK “ME” Founder/President at 505-541-2802.

Thank you for your generous support!