

Pink Ribbon Riders - Community Fundraiser Form

Your name:					
Additional name: SCHO	OOL or Company:				
Contact Info: Phone:	_()	Oti	her:(
Email:					
Mailing Address:					
City:					
* The Event Name:					
Location Held:					
Describe your fundraiser					
Date(s) held:	End Date:				
When do you plan to turn	n in funds raised?:				
You agree that you can r You must put on all mate				ele of the event: Y/N	
* A community fundrais	er is a fundraiser that i	s not organized by	the Pink Ri	ibbon Riders organization.	
The Pink Ribbon Riders a legally responsible for the		ne organization or a	ny employee	es or direct volunteers	
The person(s) choosing to 1. You are choosing to raise funds with breast Cancer. You understand breast cancer patients. Pink Ribbor breast cancer patients. Your event	to donate to the Pink Ribbon Rid d the mission of the Pink Ribbon n Riders does not provide funds for	ers who help both men ar Riders is to provide direct or research, our mission is	nd women diagno t financial assista to financial prov	osed ance to both men and women	
1A. You will not fundraise for mor	re than the PRR organization at th	ne same time with your even	ent.		
2. You may not use the Pink Ribbon Riders logo with out permission. The logo is not usually given for a community Fundraiser.					
3. The below information must be filled out and returned to the Pink Ribbon Riders one month prior to the fundraiser or before materials are printed 3A. All materials must be approved by PRR before promotion and released to public.					
4. Pink Ribbon Riders will not provide clothing or items for sale or auction. There is bulk pricing available for purchase for fundraising.5. Pink Ribbon Riders can not always have a representative to appear for events due to financial restrictions for the organization.					
YOUR SIGNATURE, th	•				
Please mail to: Pink Rib		ey Road, Suite 334 Kribbonriders		eek, MI 4901	

Please use this space for any additional information you would like to provide.

Community Fundraiser Continued