



Pink Ribbon Riders - Community Fundraiser Form

Please Print:

Your name: _____

Contact Info: Phone: ____ (____) - _____ Other: (____) - _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

* The Event Name: _____

Location Held: _____

Describe your fundraiser: _____

Date(s) held: _____ End Date: _____

When do you plan to turn in funds raised?: _____

Is there anything you are requesting from Pink Ribbon Riders?: _____

*** A community fundraiser is a fundraiser that is not organized by the Pink Ribbon Riders organization.**

The Pink Ribbon Riders are not associated nor is the organization or any employees or direct volunteers legally responsible for the fundraiser.

The person choosing to raise funds to benefit the Pink Ribbon Riders agrees to the following:

1. You are raising funds to donate to the Pink Ribbon Riders who help both men and women diagnosed with breast Cancer. You understand the mission of the Pink Ribbon Riders is to create awareness of breast cancer to both men and women while providing financial assistance directly to the patient.
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.
4. Pink Ribbon Riders can not always meet requests and can not provide PRR clothing for sale. Please Refer to the Pink Ribbon Riders website for bulk items that may help in your fundraising.

Please mail to: Pink Ribbon Riders, 5420 Beckley Road, Suite 334, Battle Creek, MI 49015

www.pinkribbonriders.com