



Pink Boots Society

Check Donation Form

(for snail mail use only)

Check Date: _____ Check #: _____

Contact Information: Email: _____ Phone: _____

Name (In addition to name on check): _____

Address (If not on check): _____

Please Check Which Applies and Complete:

Collaboration Brew Day to Pink Boots National

Collaboration Brew Day Associated with Chapter

Chapter Name/Location : _____

Donation to Pink Boots National

Description of Sponsorship (if applicable) _____

Donation to Chapter

Chapter Name/Location : _____

Description of Sponsorship (if applicable) _____

Scholarship Donation to Pink Boots National

Description of Sponsorship (if applicable) _____

Scholarship Donation to Chapter

Chapter Name/Location : _____

Description of Sponsorship (if applicable) _____

FOR USE IN SNAIL MAIL ONLY (do not email): Fill out, print and mail with
check Mail to: Pink Boots Society, 3352 Sherman Ct. Suite 202, St. Paul, MN 55121