



## 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, 3285 Northwood Circle, Suite 100, St. Paul, MN 55121