



Pink Boots Society

Check Donation Form

Check Date: _____ Check #: _____

Contact Name: _____

Contact Email: _____ Phone: _____

Donor or Company Name: _____

Address: _____

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 (if applicable) _____

Donation to Chapter

Chapter Name/Location: _____

Description (if applicable) _____

Scholarship Donation to Pink Boots National

Description (if applicable) _____

Scholarship Donation to Chapter

Chapter Name/Location: _____

Description (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