

I am unable to attend but wish to contribute \$______ to help women rock, inc. continue to provide services to those who qualify.

Please print name exactly as it should appear in all publications, including capitals and abbreviations:

SPONSOR LEVEL SELE	CTED	BUSINESS NAME			
					l wish my gift to remain anonymous
ADDRESS					
		METHO	D OF PAYMENT		
ENCLOSED IS MY CHECK FOR \$			MADE PAYABLE TO WOMEN ROCK, INC.		
CREDIT CARD #			NAME ON CARE	D	
					E RECEIVED PRIOR TO EVENT
AD SPECS: Full Page - 5.5 x 8.5" (1/6 All ads must be submitted ele sean@womenrockinc.org. If can create one for you for an SEPTEMBER 19, in order to alloo	ectronically as a PDF by 5:00 you would like assistance w additional \$50 fee. This opti	PM, FRIDAY, OCTOBER ith designing your ad, ou on requires all content sub	10, via email to: ur design department	R CH	GMING HOPE. MAKING A DIFFERENCE. DEFEATING BREAST CANCER.

(903) 487-2528 Office | (903) 893-8460 Fax 225 E. Houston Street Sherman, TX 75090

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