

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 SEL	ECTED		BUSINESS NAME	
				l wish my gift to remain anonymous
				BILE
		METHO	D OF PAYMENT	
ENCLOSE	D IS MY CHECK FOR \$		MADE PAYABLE	TO WOMEN ROCK, INC.
CREDIT CARD #			NAME ON CARD	
•				UST BE RECEIVED PRIOR TO EVENT
All ads must be submitted e sean@womenrockinc.org. If can create one for you for ar	/8" bleed), Half Page - 5 x 4" (1/8" b lectronically as a PDF by 5:00 f you would like assistance wi a additional \$50 fee. This opti- bw sufficient design. proofing. a	PM, FRIDAY, OCTOBER th designing your ad, ou on requires all content sub	10, via email to: Ir design department	GNING HOPE. MAKING A DIFFERENCE. DEFEATING BREAST CANCEL

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

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