



ALBANY PINK WALK

March 17, 2018 8:00 a.m.

Meredyth Place • 2709 Meredyth Dr • Albany

www.albanypink.com • info@albanypink.com

Dear Family Member or Friend,

I have registered to participate in the Albany Pink Walk on March 17, 2018. This is a very important cause to me, and I will be walking in honor or memory of _____. Proceeds of this walk will remain local and benefit patients of Phoebe Health System. You can learn more at www.albanypink.com and "JOIN THE FIGHT!"

Would you please consider joining me in this fight? Please complete and return this donation form to me or mail to the address listed below. Thank you so much for your donation. Every single dollar can help change someone's life...not just patients, but their families too!!!

DONATION FORM

Albany Pink Walk

c/o Phoebe Foundation • 425 Third Ave W • Albany GA 31701

****Please make checks payable to PHOEBE FOUNDATION****

Donor: _____

Billing Address: _____

Email Address: _____

Gift Amount \$ _____ Donation to Sponsor: _____

Please charge my: Mastercard Visa American Express Discover

Card # _____ Expiration _____ Verification Code _____

Print Name on Card _____

Signature _____

In honor or memory of _____