

# BREASTCANCER.ORG

## Fourth Annual BOWLING FOR BOOBS

a benefit for  BREASTCANCER.ORG

We are counting on sponsorships to make this year's **4th Annual Bowling for Boobs** a success. Donations are tax deductible and will be recognized by **Breastcancer.org** with a receipt.

**Sunday, October 3<sup>rd</sup>, 2010**

6:00 Registration  
7:00 PM until 9:00 PM

### Devon Playdrome Bowl

300 Lancaster Ave.  
Devon, PA

#### PERFECT SCORE Sponsor

**\$5,000 Donation includes...**

Bowling for 6  
10 Add'l Event Tickets  
Recognition as Event Sponsor

#### STRIKE OUT Sponsor

**\$2,500 Donation includes...**

Bowling for 6  
5 Add'l Event Tickets  
Recognition as Sponsor

#### SPARE Sponsor

**\$1,000 Donation includes...**

Bowling for 6  
2 Add'l Event Tickets  
Recognition as Sponsor

#### PINK PIN Sponsor

**\$500 Donation includes...**

Bowling for 2  
Recognition as Sponsor

#### LANE Sponsor

**\$250 Donation includes...**

Lane Signage and admission (2 guests)

## Sponsorship Opportunities

Please complete the following information and mail this portion of the form by September 15<sup>th</sup>.

- ☐ **PERFECT SCORE Sponsor**.....\$5,000
- ☐ **STRIKE OUT Sponsor**.....\$2,500
- ☐ **SPARE Sponsor**.....\$1,000
- ☐ **PINK PIN Sponsor**.....\$500
- ☐ **LANE Sponsor**.....\$250

## TICKETS

- ☐ **Bowler**.....\$50
- ☐ **Attendee**.....\$35

☐ I/We cannot attend but wish to make a contribution in the amount of \$\_\_\_\_\_.

☐ Check    ☐ Visa    ☐ Amex    ☐ MasterCard

☐ Discover    ☐ Diner's Club    Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Number: \_\_\_\_\_ CSC Code: \_\_\_\_\_

Name: (as it appears on card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsor Name(s): \_\_\_\_\_

*(Please print name[s] as you wish it [them] to be listed on all printed materials.)*

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Requests: \_\_\_\_\_ **Shift 1** (7-8 pm) or **Shift 2** (8-9 pm)

Home/Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Kindly RSVP by Monday, Sept 15, 2010**

Please make checks payable to Breastcancer.org  
(Please include team name in memo line of check)

**BREASTCANCER.ORG**

**c/o Jenny Lugo**

7 E. Lancaster Ave  
Ardmore, PA 19003

Please detach along this line