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## PINK PATCH PROJECT APPLICATION

1500 East Duarte Road, Duarte, California 91010-3000

[pinkpatchproject@coh.org](mailto:pinkpatchproject@coh.org)

Name of Organization planning promotion

Describe how the donation amount will be calculated (e.g., dollar or percentage amount per product).

Name and title of individual(s) in charge of promotion

Minimum dollar donation per Pink Patch:

Street address

Minimum dollar donation per Challenge Coin:

City, State, Zip Code

Minimum dollar donation per Pink Patch T-shirt:

E-mail address

Minimum dollar donation per Pink Patch Pin:

Phone

Minimum dollar donation per Other:

Identify which Pink Patch Project items will be included in your promotion:

Pink Patch

Challenge Coin

Pink Patch T-shirt

Pink Patch Pin

Other (Describe below)

Estimated total donation to City of Hope:

Additional information City of Hope should know regarding your proposed promotion:

Proposed start date

Proposed end date

Proposed location(s), including specific state(s)

If you are submitting this application via email, by initialing below and/or otherwise submitting this application to City of Hope via online transmission, you are indicating that you have read, understand and agree to adhere to City of Hope's Pink Patch Project Terms and Conditions.

(Initials)

Will you conduct any online sales?

Yes

No

Do you want City of Hope to make any items available on its online sales platform?

Yes

No