

Pink with the

Join us for our
11th Annual
Pink Night and
help us raise funds
for **St. Joseph's Breast
Health Services!**



Saturday, August 12, 2017 at 7:10 p.m.
Banner Island Ballpark

\$10 per ticket • Tickets are sold in the Foundation Office
The Ports will donate \$5 from every ticket sold through St. Joseph's!

Take part in these fun activities all for a good cause...

- Pink Baseball Wall
- Ports Player Memorabilia Raffle
- Ports Player Pink Jersey Auction
- **Fireworks Night**
- And Much More!



**St. Joseph's Foundation
of San Joaquin™**
A Dignity Health Member

Call **467.6347** or visit
StJosephsCares.org/Foundation
for more information.

Pink Night with the Ports

Saturday, August 12, 2017

Proceeds benefit St. Joseph's Breast Health Services

Donor Information

Name(s): _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Email*: _____

**By providing your email address you will receive updates regarding St. Joseph's Foundation and our programs and services.*

Gift Information

<input type="checkbox"/> Tickets (\$10 each)	# of tickets _____ <input type="checkbox"/> I will pick up at the Foundation <input type="checkbox"/> Please mail to me
<input type="checkbox"/> T-Shirts (\$10 each) <i>Early Detection is the Best Protection</i> Light pink shirt w/black ink	# of shirts _____ Size(s) _____ Generic sizes (S - XXL); Limited quantity available <input type="checkbox"/> I will pick up at the Foundation <input type="checkbox"/> Please mail to me
<input type="checkbox"/> "Pink" paper tribute baseballs (\$1 each) Pay tribute to a loved one with a pink tribute baseball. Baseballs will be displayed at the Medical Center and at Banner Island Ballpark the night of the game. # of baseballs _____ Name(s) on baseball: _____ Special message (if applicable): _____	
<input type="checkbox"/> Donation (Make a donation to St. Joseph's Breast Health Services): I would like to make my gift <input type="checkbox"/> in honor of <input type="checkbox"/> in memory of Name(s): _____	Donation amount: \$ _____
Donation Total \$ _____	

Payment Method

<input type="checkbox"/> Enclosed is my check made payable to St. Joseph's Foundation for: \$ _____		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex	Expiration Date: _____	CVV2 Code: _____
Name on card: _____		
Card number: _____		
I am a Dignity Health employee. I authorize a one-time payroll deduction.	Lawson #: _____ <i>(Employees only)</i>	

Signature: _____ Date: _____

I have included St. Joseph's Foundation in my will or estate plans.
 Please send me information on Planned Giving Opportunities.