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COMMUNITY PROMOTIONS APPLICATION

Name of Business: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please check one:

Date Specific Event: Ongoing Promotion: Other: _____

Date: _____ Time: _____ Place: _____

Number of projected attendees: _____. Please list all beneficiaries of this event/promotion:

Briefly describe how event will be promoted: _____

PLEASE CAREFULLY READ THE FOLLOWING:

1. Prior to use, all media marketing material is subject to final approval by *To Celebrate Life Breast Cancer Foundation*. Submission via email in the form of a PDF file is sufficient.

2. Would you like us to provide our promotional material at your event?. Yes No

3. Would you be interested in linking us to your website? Yes No

Dated: _____

Signature

Print Name

Position