



## Register Your Business

***by September 15th to be included!***

### Your Information

Store/Restaurant/Merchant Name:

Contact Person/Title:

Mailing Address:

City:

State:

Zip Code:

Phone:

Cell:

Email:

### Promo/Event Information

Promo/Event Name:

Promo/Event Date(s):

Time(s):

Place:

Tell us how your business is Taking the Pledge! :

Are you participating in the window contest? (circle one) :

**YES!**

**NO**

**Questions ?**

**contact:**

**Leslie Noland**

**203-520-9154**

**[takethepinkpledge@gmail.com](mailto:takethepinkpledge@gmail.com)**

**Please send completed form and logo file to:**

Norma Pfriem Breast Center attn: Mari-Jo Gordon, 111 Beach Road, Fairfield , CT 06824 or  
email to: [takethepinkpledge@gmail.com](mailto:takethepinkpledge@gmail.com)

Checks made payable to: Norma Pfriem Breast Center

***Thanks for supporting the Pink Pledge!***