

Our Mission

To enhance the lives of women, in the fight against breast cancer. Offering medical reimbursement, transportation costs, products and services free of charge to ease the journey. Serving all of Central Pennsylvania, the community that supports us. We can't do what we do without you.



Follow Us!

On Social Media



@PinkHandsOfHope



@pinkhandsofhope

Contact Us!



www.pinkhandsofhope.org



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Mechanicsburg PA 17050



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Join Us for the Annual
**Patrice Berkheimer
Memorial
Day of Hope
Golf Outing 2025**

Friday, June 6, 2025

Benefiting Pink Hands of Hope



Join Us!

We hope to see you there!

When: Friday, June 6, 2025

Where: Rich Valley Golf Club

227 Rich Valley Road

Mechanicsburg, PA

7:00 a.m. | Registration

8:00 a.m. | Shotgun Start

Breakfast & Lunch provided

Sponsorship's Available

Please select your level of sponsorship and return to PHOH with payment.

Deadline to register is May 21, 2025

Bright Pink Tournament Host
(1 Available)

\$2,500

(2) Foursomes
On-site Recognition
Hole Signage
Speaking Opportunity
Social Media

Beverage Cart Sponsor
(1 Available)

\$1,000

Name on Beverage Cart
Hole Signage

Pink Sponsor
(4 Available)

\$1,000

(1) Foursome
On-site Recognition
Hole Signage
Social Media

Lunch Sponsor
(4 Available)

\$500

Recognition on Tables
Hole Signage

Hole Sponsor
(18 Available)

\$250

SPONSORSHIP TOTAL \$ _____

Golfers

\$350 (Foursome)

\$100 (Individual)

\$25 Power Package (Each Player)

* Power Package includes 7 EXTRA contests. (1) Mulligan, Putting Contest, Move Up Hole, String Game, Pot of Gold, Celebrity Golf Shot, Sand Toss & Power Pack Drawing
* Power Package will be \$30 if bought day of tournament
* Skill Games are included in the regular price

GOLFER(S) TOTAL \$ _____

TOTAL DUE BOTH SECTIONS \$ _____

Donations

I would like to donate a:

Swag Bag Item

Raffle Basket

Please call or email to make drop-off arrangements.

Register Here!

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone (Required): _____
Email (Required): _____

Players Names:

1. _____
2. _____
3. _____
4. _____

Don't have a group to play with? We'll happily pair you with other players.

Please return this form along with your check to:

Pink Hands of Hope
Attn: Debra Donadee

or add credit card info below:

Card Number: _____

Expiration Date: _____

CVV: _____

Thank you so much for your consideration. We appreciate any help you can provide!