Our Mission Statement
The Pink Ladies' Sisters for Hope
Foundation, Inc offers financial
support to community members as
they undergo cancer treatments.
Through a broad array of
fundraisers, members work
throughout the year to raise money
for endeavors that ease the life of
cancer patients and their families.

www.thepinkladiessistersforhope.org





Ashlar Village at Masonicare
"An Ageless Commitment to Caring"
Ashlar Village at Masonicare
is fully handicap accessible.

Masonicare / Gold Sponsor www.masonicare.org

The Pink Ladies' Sisters for Hope Foundation, Inc.

www.thepinkladiessistersforhope.org
The Pink Ladies' S.F.H.F. Inc.
PO Box 682
Wallingford, CT 06492



6th Annual Dorothy Marconi Chili Cook-Off January 18, 2020

Time: 4:00-7:00
Ashlar Village at Masonicare/
Knapp Auditorium
74 Cheshire Road
Wallingford, CT 06492

The Pink Ladies' Sisters for Hope Foundation Inc.

We are a registered Charity 501(c)3
All sponsors will appear on our web
site, and recognized though out the day
of the chili cook-off.

□ G	old	Spo	nsor	-\$2	00.	00
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- ☐ Silver Sponsor-\$100.00
- □ Advertisement-\$75.00
- □ Raffle Donor –

Checks payable to: The Pink Ladies' S.F.H.F. Inc. PO Box 682, Wallingford, CT 06492

Sponsor Name:	
Address:	
Contact Name:	_
Phone:	
Email Address:	

Thank you in advance for your sponsorship to the Pink Ladies' Sisters for Hope Foundation, Inc.



Register as a Chili Chef: \$15.00

Winner will compete for awards and bragging rights.

Chili Tasting / Voting

Tickets \$15.00 in advance

\$20.00 at the door Cash Bar, Raffles and More!

Children under 12 Free

Activities for children and raffles prizes!

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Register as a Chili Chef: \$15.00 Please send Registration by January 8th

Hosted by:

The Pink Ladies' Sisters for Hope Foundation Inc.

Contacts: Sharon Whitehouse at whitehousesh58@gmail.com

Checks payable to:

The Pink Ladies' S.F.H.F. Inc. PO Box 682
Wallingford, CT 06492

Please sell 2 tickets prior to January 8 th for
\$15.00. Add your registration & ticket
sales\$
(A helper at your table needs to pay for a ticket)
Name:
Address:
Phone#:
Email Address:
Name your Chili
\square Meat
☐ Vegetarian
☐ Fish