



TERRI SCHIAVO MEMORIAL RUN

Sponsorship Form

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TSMR is a Benefit for the Terri Schindler Schiavo Foundation

Please PRINT Clearly!

Minimum Donation \$10.00

Name of Rider _____

Address _____

City/State/Zip _____

Telephone _____

Sponsor's Name

Address

City/State/Zip

Telephone

Donation Amount
\$
Date

Sponsor's Name

Address

City/State/Zip

Telephone

Donation Amount
\$
Date

Sponsor's Name

Address

City/State/Zip

Telephone

Donation Amount
\$
Date

Total Amount Collected This Page \$.00 Date Remitted to Office / /

Rider's Signature