



# TERRI SCHIAVO MEMORIAL RUN

Sponsorship Form

Page \_\_\_\_ of \_\_\_\_

**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