

Sponsorship Form

Biker Name: _____

Biker Goal: \$ _____

Thanks to the generosity of our sponsors,
100% of biker contributions will benefit the
patients of the Hudner Oncology Center!



Sponsor Name (PLEASE PRINT)	Address/City/State/Zip code	DONATIONS	
		Checks	Cash
Jane/John Sponsor	123 Generous Way, Fall River, MA 02720	\$25.00	
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Please make checks payable to Friends of Saint Anne's Hospital.
Photocopy and attach additional sheets, if necessary. Bring all
forms and donations with you to registration. Don't forget to find out
if your company has a matching gifts program.

Total Checks \$ _____

Total Cash \$ _____

Total Raised \$ _____