

Sponsorship Form

Biker Name: _____

Fundraising Goal: \$ _____



| Sponsor Name (please print) | Address/City/State/Zip Code | Checks | Cash |
|-----------------------------|--|---------|------|
| Jane/John Sponsor | 123 Generous Way, Fall River, MA 02720 | \$25.00 | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |
| Total Checks/Total Cash | | | |
| Total Raised | | | |



- 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 the event.
- Don't forget to find out if your company has a matching gifts program.

Thanks to the generosity of our sponsors, 100% of participant contributions will benefit patients of the Saint Anne's Hospital Regional Cancer Care!!