

5K WALK/RUN FOR FREEDOM SPONSOR FORMS

Name of Participant: _____
Address of Participant: _____
Phone: _____
Email: _____

TOTAL AMOUNT FROM SPONSORS \$ _____ Office use only checked by _____
SPONSORS: IF YOU WOULD LIKE A TAX DEDUCTIBLE RECEIPT, PLEASE PRINT YOUR ADDRESS CLEARLY

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
____\$25 ____\$50 ____\$75 ____\$100 Other\$ _____
Cash _____ Check# _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
____\$25 ____\$50 ____\$75 ____\$100 Other\$ _____
Cash _____ Check# _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
____\$25 ____\$50 ____\$75 ____\$100 Other\$ _____
Cash _____ Check# _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
____\$25 ____\$50 ____\$75 ____\$100 Other\$ _____
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Email: _____
____\$25 ____\$50 ____\$75 ____\$100 Other\$ _____
Cash _____ Check# _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
____\$25 ____\$50 ____\$75 ____\$100 Other\$ _____
Cash _____ Check# _____

PLEASE PRINT ADDITIONAL PAGES TO ADD MORE SPONSORS