

Sponsor Sign Up Sheet and Donation Receipt

Oral Cancer Walk for Awareness - Chesapeake Park, April 9th, 2005
To benefit the Oral Cancer Foundation

Walker's Name _____

I agree to sponsor this walker in the amount of \$_____ per mile walked. They are going to walk a maximum of 10 miles. At the completion of the event the walker will return with a certificate of miles walked and collect the donation from me. At that time I will receive the receipt attached for my 2005 tax records.

Sponsor Name _____ Date _____

Address: _____

City/State/Zip: _____

Signature _____

Return this portion to OCF at end of event

-----Cut here upon receipt of donation-----

Receipt for Donation

Contributor's copy for tax records



OCF is a registered 501c3 non-profit charity
Federal ID # 33-0969026

Received from: _____ Amount: _____

Address: _____

City/State/Zip: _____

Date _____

Your donation will help increase awareness of oral cancer and help promote early detection of the disease.



THANK YOU!