2010 RIDE THE TRAIL TO A CURE

For official use

_____
Print Rider's Name

_____
Print Address

_____
Print City, State, Zip

(____)_____ _____
Phone **email address**

The sponsor contributions will be received by:
Pennsylvania Breast Cancer Coalition (PBCC)

Sponsors:
Thank you for your help in fighting breast cancer. Your donation will be used for research and to provide education and support for victims and their families. Many are affected by breast cancer, whether it is your spouse, your mother, daughter, sister or friend who has survived or lost the battle. If possible, ask for a matching donation from your place of business. Please make your *tax deductible* check out to the organization designated above (PBCC). You will receive a thank you and verification of your gift from the organization (but only if we have a valid sponsor address).
Again, THANK YOU!!

Sponsor name (please print)	**Full Address (necessary for thank you/tax receipt)**	**$ Donation**

Rider's Signature _____ **Date** _____ **Total this page** **$**