

PARTICIPANT NAME

SPONSOR'S NAME <i>(please print)</i>
SPONSOR'S SIGNATURE
ADDRESS
CITY STATE ZIP

PLEASE FILL OUT THE SPONSOR BOX COMPLETELY

WHITE - RECEIPT FOR PAID DONATION / YELLOW - FOUNDATION OFFICE COPY / PINK - INVOICE COPY  
*Make check payable to LRBCR Foundation.*

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I WISH TO MAKE A DONATION

\$ \_\_\_\_\_

OR PLEDGE\* AND BILL ME LATER.

AMT. DUE \$ \_\_\_\_\_

**ATTENTION:**

The white copy is to be retained by the sponsor. If a donation\*\* is received rather than a pledge,\* the white copy will serve as a receipt.

AMOUNT RECEIVED

\$ \_\_\_\_\_

\*PLEDGE: A promise to contribute an amount of money.

\*\*DONATION: Contribution of a specific amount of money in advance of an event.

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