



BENEDICTINE
HEALTH FOUNDATION

Bike for Cancer Care - Sunday, September 16, 2011

“GO THE EXTRA MILE”

SPONSOR A MILE MARKER IN HONOR OR MEMORY OF SOMEONE YOU LOVE —

◇ Sponsor name displayed on a 1' x 2' sign at a one-mile marker location -
“This Mile is in Honor of or in Memory of...”

Mile Marker Sponsor - \$150.00 - Please print my **Mile Marker** as:

Sponsor name only: _____

Sponsor Name & In Honor Of: _____ or In Memory Of: _____

(print clearly)

(print clearly)

General Donation - \$ _____

____ Enclosed is my check in the amount of: \$ _____

____ Please bill my credit card: ____MC ____Visa ____AMEX ____Discover

Card# _____ Code # _____ Exp. Date: _____

Cardholder: _____ Signature: _____

Please Print

Name: _____ Company: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

____ I am interested in the Team Challenge, please send information.

____ I would like to distribute registration forms to our employees, please send _____ # of forms.

Checks should be made payable to: *Benedictine Health Foundation* and please write “**RG 2012 Bike Ride**” in the check memo space. Mail this completed sponsorship form, along with your payment to: Benedictine Health Foundation, 105 Mary's Avenue, Kingston NY 12401.

For additional information, contact Dan Gruner at (845) 417-1865, the Benedictine Health Foundation at (845) 334-3017, or visit our web site at: www.bikeforcancer.org

THANK YOU FOR YOUR SUPPORT!



**Rosemary D. Gruner
Memorial Cancer Fund**
AT BENEDICTINE HOSPITAL
A helping hand for cancer patients and their families