



# THE RIDE FOR HOPE SPONSORSHIP/DONATION FORM

CHECK  
SPONSORSHIP  
LEVEL

- PRESENTING SPONSOR
- JERSEY SPONSOR-\$8,000
- JERSEY SLEEVE SPONSORS-\$1,500
- JERSEY SPOT SPONSOR-\$1,000
- LUNCH SPONSOR-\$8,000
- START/FINISH LINE SPONSOR-\$3,000
- SHIRT SPONSOR-\$3,000
- EXPO DINNER SPONSOR-\$3,000
- SWAG BAG SPONSOR-\$3,000
- WATER STOP SPONSOR-\$1,000
- WELLNESS SPONSOR-\$1,000
- ADVOCATE SPONSOR-\$500
- FRIEND OF HOPE-\$100

**ALL PROCEEDS BENEFIT THE TALLAHASSEE MEMORIAL CANCER CENTER.**

The amount of my (our) contribution is: \$ \_\_\_\_\_ Date: \_\_\_\_\_

This gift will be fulfilled by:  Cash  Check  Credit Card  Online at TheRideForHope.com

## PLEASE COMPLETE THIS BOX FOR CREDIT CARD GIFTS.

VISA  MasterCard  Discover  American Express

Cardholder Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

## DONOR INFORMATION

Pledgor's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Pledgor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HONOR/MEMORIAL INFORMATION (OPTIONAL)

Select One:

This gift is in honor of: \_\_\_\_\_

This gift is in memory of: \_\_\_\_\_

Please send notification of my (our) gift to: (name)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

PLEASE MAIL OR FAX COMPLETED GIFT FORM WITH PAYMENT TO TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION  
1331 EAST SIXTH AVENUE, TALLAHASSEE, FLORIDA 32303  
PHONE 850.431-5389 ■ FAX 850.431-4483  
OR GIVE ONLINE AT WWW.THERIDEFORHOPE.COM