

**RIDER NAME** \_\_\_\_\_

**GATHER SPONSORS: Ask family, friends and businesses to sponsor your ride by making a tax-deductible donation to Hospice of Marion County, Inc.**

Sponsor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Amount Pledged \_\_\_\_\_

Sponsor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Amount Pledged \_\_\_\_\_

Sponsor Name \_\_\_\_\_

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Amount Pledged \_\_\_\_\_

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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Amount Pledged \_\_\_\_\_

**Donors with complete addresses will receive a letter of appreciation from Hospice of Marion County, Inc.**

**TOTAL** \_\_\_\_\_