

Student's Name(s): _____ **Class(es):** _____

Please Print Clearly

	Flat Donation	OR	Pledge per lap	Sponsor's Name	Address City, State, Zip
eg	\$10.00		\$1.00	Joe Smith	3517 26th Street San Francisco, CA 94114
1					
2					
3					
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6					
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8					
				Total this page	Please CIRCLE a: SELF BILLING SCHOOL BILLING Billing Option

	Flat Donation	OR	Pledge per lap	Sponsor's Name	Address City, State, Zip
9					
10					
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