		RIDE FOR HOPE
9TH Annual Ovarian Cancer Awa	p Agreement Ride for Hope areness Motorcycle Ride <u>www.rideforhopeil.org</u>	
Sponsor Information		CANCER AWARENESS
Name of Company, Org	anization, or Individual	
Contact Person		
Email		
Address (including city	r, state and zip code)	
Sponsor Level Contribu	ution Platinum Hope \$ Gold	Hope \$
I authorize the Ride for Hop	Please make checks payable	ount above.
	Card Number	
	Security Code Name on C	
<u>Signature</u>		
I/We agree to sponsor the Ride for H	ope Ovarian Cancer Awareness 9TH Annual Moto	orcycle Ride to be held on Sunday JuLY 14, .
Print Name	Title	
Signature	Date	
	e make checks payable to Ride for Hope	
	BE PRINTED ON THE BACK OF THE SHI	