



SUSAN G. KOMEN  
WALK FOR THE CURE  
SPONSORSHIP FORM  
OCT. 8<sup>th</sup>

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

In memory of, if desired: \_\_\_\_\_

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

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Email: \_\_\_\_\_

I am sponsoring: \_\_\_\_\_

If paying by check, please make your tax-deductible donation payable to:

Susan G. Komen Breast Cancer Foundation  
c/o Gloria Fox  
36 Shoal Rd.  
Jackson, NJ 08527

We will also accept cash. Thank you.

