

Please Print

CYCLIST'S NAME _____
 ADDRESS _____
 _____ ZIP _____
 TELEPHONE NUMBER _____



I AM CYCLING FOR NEW HOPE COMMUNITY LIFE MINISTRY, 248A MAPLE AVENUE, QUARRYVILLE, PA 17566 (717) 786-2802 www.newhopeministry.info

SPONSOR NAME (Please Print)	ADDRESS (Street, Apt. No., Zip)	TELEPHONE NUMBER	AMOUNT PLEDGED	AMOUNT COLLECTED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
TOTALS				

Sponsor Form