Fight Cancer WALK™

2008 Sponsorship Form

Team Name: _____

Individual/Team Captain: First Name: _____ **Surname:** _____

Individual/Team Company Name: _____

Postal Address: _____ **Suburb:** _____ **P/Code:** _____

Email Address: _____ **Contact Phone #:** _____

Race Track/Venue: _____

Sponsor Details:

All receipts will be sent to the Individual Participant or Team Captain listed above. All donations of $2 or more are tax deductible.

Name	Address	Amount	TAX Receipt (tick if required)
		$	
		$	
		$	
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		$	
		$	
		$	
		$	
		$	
		$	

Fight Cancer Foundation™
Giving hope. Saving lives.

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