First Annual Alzheimer's Association
MEMORY RIDE October 21, 2006
Sponsor Form

Participant Information

Name of Rider: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____

Sponsors Information

I would like to donate in the amount of: _____ per mile for _____ miles of the 100 mile ride to benefit our local families and caregivers plagued with this disease. I understand that my donation is tax deductible.

Name	Address	Phone	Per mile	Total Donation

Total: _____

Always remember the love, the light, the laughter and when you can no longer remember it for yourself, I will remember it for you. Help us to keep the promise to search for the cure.

Please return completed form by the day of the ride, 10/21/06, or to Chattahoochee Harley-Davidson, 7373 Fortson Rd, Columbus, GA, or Sunrise Senior Living 400 Bradley Park Dr, Columbus, Ga. For more info call: Linda or Wendi with Sunrise at 706-332-3040, or Thomas with Chattahoochee at 334-364-0400.