

SPONSORSHIP TRACKING

CYCLISTS NAME

Please record information about the personal sponsorships you receive. This form allows RI to match contributions we receive to the appropriate cyclist. **BRING TO RIDE KICKOFF.**

CHECKS PAYABLE TO: Rosedale International 2120 E 5th Ave Columbus, OH 43219

RFM



SPONSORS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

SPONSORSHIP AMOUNT:

\$ _____

Check - or - Cash received

florida.rosedaleinternational.org

Will fulfill by December 31

SPONSORS NAME: _____

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EMAIL: _____

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NOTE TO CYCLIST: This form can be given to sponsors who make pledges but plan to submit payment to RI at a later date. After you complete this form and give it to your sponsor, be sure to also list them on your "Sponsorship Tracking Form"

REMINDER TO FULFILL PLEDGE

SPONSORS NAME

THANK YOU FOR PLEDGING TO SUPPORT:

CYCLIST NAME
AND RI THROUGH RIDE FOR MISSIONS FLORIDA!

SPONSORSHIP AMOUNT:

\$ _____

AMOUNT PAID \$ _____
PLEASE FULFILL BY DEC 31

RFM

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Rosedale International
2120 E 5th Ave
Columbus, OH 43219-2577
(Designate "RFMFL" in the memo line)
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