



Fly Your Car in Gander Sponsor Sheet

Driver: _____ **Phone #:** _____ **Car #:** _____

Sponsor Name & Full Mailing Address (Please Print Clearly)	Amount	Paid
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Important !!! \$40 registration fee is not included in pledge total. Total

**Participants are responsible for passing in all sponsor money at the time of registration on June 15th.
Full Mailing Address must be provided in order to receive a tax receipt.**

Sponsor cheques should be made payable to “Central Northeast Health Foundation”
Tax Receipts will be issued for donations of \$10 or more.
 Charitable Reg. #: 86168 3498 RR0001