



2023 COMMITMENT FORM

Please indicate your level of commitment

SPONSORSHIP LEVEL:

- \$10,000 Seat Sponsor
- \$7,500 Tire Sponsor
- \$5,000 Pedal Sponsor

TEAM NAME:

TEAM CAPTAIN'S NAME:

Please email your logo to: nstarin@cancercare.mb.ca

DONATION OTHER AMOUNT:

SPECIAL REQUESTS:

- Please invoice
- Tax receipt requested

Name tax receipt should be issued to if different from organization:

PAYMENT OPTIONS:

- 1. Online at www.RideInside.ca
- 2. Cheques payable to:
CancerCare Manitoba Foundation – Ride Inside
- 3. E-mail: nstarin@cancercare.mb.ca
- 4. Phone: 204-784-2782 or Fax: 204-784-2776

VISA/MasterCard Account: Expiry:/.....

DONOR INFORMATION:

Contact Name: **Phone:**

Company Name: **Email:**

Mailing Address:

