



OPERATION LEUKEMIA ELIMINATION
BATTLE FOR GABRIEL
Runner Sponsorship Commitment

I _____ commit to sponsoring _____
Full Name Runner's Name

for \$2.00 / \$1.00 / \$0.50 / \$_____ (specify other amount) per mile at the following event(s):
Circle the Dollar Sponsorship Level

1. _____
Specify Event Name & Event Distance Sponsored

2. _____
Specify Event Name & Event Distance Sponsored

3. _____
Specify Event Name & Event Distance Sponsored

4. _____
Specify Event Name & Event Distance Sponsored

5. _____
Specify Event Name & Event Distance Sponsored

Contact Information: Name: _____

Address: _____

Address: _____

Telephone: _____

Email: _____

Thank you for your support and generosity! An invoice verifying your commitment to sponsor the runner identified on this form will be sent via email to you within 7 days whereby you will have the option of providing payment through the PayPal account established for the benefit of the "Gabriel Fairbank Medical Expense Trust Fund."