

**Hope Lutheran Church's
Fall Run for Research
September 29, 2007
Bangor City Forest - 9AM
Bangor, Maine**

_____ I WOULD LIKE TO REGISTER AS A PARTICIPANT – \$20 FEE per individual or \$35 per family up to 4 members.

_____ AND I WILL BE SEEKING DONATIONS TO HELP RAISE MONEY FOR MULTIPLE MYELOMA RESEARCH

_____ SORRY, I AM UNABLE TO ATTEND BUT WOULD LIKE TO MAKE A CONTRIBUTION

First Name: _____		Last Name: _____	
Mailing Address: _____			
City: _____		State: _____	Zip: _____
Sex (circle one): M or F		Age: _____	T-shirt size (circle): S M L XL (on 09/29/2007) and number for families _____
Telephone: _____		Email Address (for confirmation): _____	
Team Name (if applicable): _____			
Are you (check one)?		Patient/Cancer Survivor	Family Member
Cancer Survivor Friend		Health Care professional	

_____ I have enclosed a check or money order for my registration fee/donation
(Make checks payable to Multiple Myeloma Research Foundation (MMRF)).

Please return form and contributions to: Becky at Hope Lutheran Church 1520 Union St. Bangor ME 04401.

Participant signature* _____ Date _____

*If participant is under 18, parent/guardian signature

_____ Date _____

Event is also sponsored by Thrivent Financial for Lutherans Maine Chapter

For More Information Contact: Becky Reeve 356-0425

MMRF Tax ID: 06-1504413

Hope Lutheran Church's Fall Race for Research
 September 29, 2007
Bangor City Forest - 9am
 Sponsorship Form

Your Name _____ Address _____

City/State/Zip _____ Email Address _____

Phone _____

Sponsor's Name/Address	Contribution Amount
<i>Jane Smith 100 Elm St Bangor ME 04401</i>	<i>\$5.00 per mile</i>

1.	
2.	
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17.	
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19.	
20.	
TOTAL for Event	\$

Please make checks payable to: MMRF
Tax ID: 06-1504413