



MVP Health Care Rochester Marathon

Fundraising Collection Sheet



Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Marathon Entry Fee waived if the following is fundraised:

Full Marathon	Minimum of \$100.00
Half Marathon	Minimum of \$75.00
Relay Team	Minimum of \$200.00

Send completed sheet and donations with your marathon registration to:
 Arthritis Foundation ♦ 3300 Monroe Ave, Suite 319 ♦ Rochester, NY 14618 ♦ (585) 264-1480

Set up your own personal webpage to help make your fundraising even easier! Go to:
www.2010rochestermarathon.kintera.org

	Donor's Name	Donor's Address, City, State & Zip	Donation
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Make checks payable to Arthritis Foundation

TOTAL \$