

LYMPHOMA

RESEARCH • FOUNDATION

Minnesota Chapter

2010 Minnesota Ironman Bike Ride
Team LRF for Lymphoma Research Foundation
Sunday April 25, 2010

Rider's Name: _____

Yes! I will make a contribution to Team LRF – Minnesota Ironman

\$1000 \$500 \$250 \$100 \$50 Other Amount: _____

Please make sure your check(s) payable to the Lymphoma Research Foundation.

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Country _____

Phone # _____ E-mail _____

Thank you so much for your contribution!
Please mail this form and check to:

Lymphoma Research Foundation
Minnesota Ironman Bike Ride
115 Broadway, 13th Floor
New York, NY 10006

Please write Minnesota Ironman & the rider's name in the memo of the check.

Questions, contact Dana Hendee at 612.968.3757 or Minnesota@lymphoma.org
www.lymphoma.org/MinnesotaIronmanBicycleRide2010