Ride for the Cure Minnesota
Paver Donation Form

Name (Last, First)
_____
Address (Street, City, State, Zip)
_____
Telephone
_____
Email
_____
Company Name (If Applicable)
_____
Signature _____ Date _____

Susan G Komen Remembrance	**Ride for the Cure MN Virtual Paver Wall**	**Nancy G Brinker** Survivor

(Paver Wall Sample)

Lifetime Display of a Loved One on the Virtual Paver Wall

rideforthecuremn.org

○ Virtual Paver $ 50 Lapel Pin Appreciation

Please Complete the Remembrance or Survivor Information

Remembrance Name (First, MI and Last) _____
(I.E. Susan G Komen)

Survivor Name (First, MI and Last) _____
(I.E. Nancy G Brinker)

DONORS RECEIVE A TAX DEDUCTIBLE RECEIPT

Payable to- **Ride for the Cure Minnesota**
9065 Zachary Lane No; Maple Grove, MN 55369
Mike Polley- (612) 419-4724 Cell or **mikep@uhlco.com**