



2010 New England Walk for Burn Awareness Off-line Sponsor Form

Participants Name: _____ Team Name (If applicable) _____

Email: _____ Phone _____

Please have sponsors PRE-PAY WITH CHECKS payable to: **IAFF Burn Foundation**. Write "*New England Walk for Burn Awareness*" on the check

Proceeds to benefit Shriners Hospitals for Children– Boston, IAFF Burn Foundation, Boston Firefighters Local- 718 Burn Foundation

Sponsors Name	Street-City-State-Zip	Phone	Email	Amount of Donation
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
BRING THIS FORM TO THE EVENT RAIN OR SHINE				TOTAL

Together, We Can Make a Difference By Raising Awareness and Funds For Burn Prevention, Care and Support!