

CYCLIST'S NAME _____

(Please print.)

ADDRESS (# STREET, CITY, STATE, ZIP) _____

TELEPHONE NUMBER(S) _____



I AM CYCLING FOR **Millersville International House**; Contact Person/Questions: Daniel McClary 717-872-5901 or dmcclary@mihusa.org

SPONSOR NAME (Please Print)	ADDRESS (# Street, Apt. #, City, State, Zip)	TELEPHONE NUMBER	AMOUNT PLEDGED	AMOUNT COLLECTED
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TOTALS				

All Checks Should Be Made Out to "Millersville International House."
Sponsors May Also Donate at our Website ~ www.mihusa.org ~ "Donate."

Fulfilling Dreams, Having a Positive Impact on Our Community