

Participant First Name:		Last Name	_ Last Name:		
Dear Potential Spons	sor,				
non-melanoma skin of fundraising event. Me skin cancer patients	be cancer and ocular melanom elanoma and other types of need our help. I ask that yo hat everyone diagnosed wit	a patients durin skin cancer are u please consid	g Move for Mel being diagnos er supporting n	ed at an alarming rate, and ne in fundraising for	
Name of sponsor	Mailing Address	Amount of Donation	Payment Method	Credit Card Info if Applicable (Card #, Exp. Date, CCV #)	