

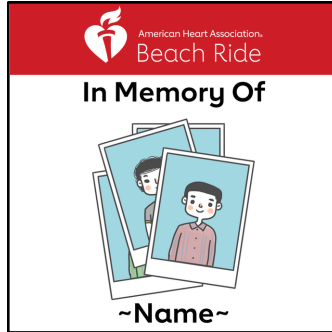


**45th Annual Beach Ride**  
**Banner & Trail Marker Form**

**Sponsorship Banner**  
**\$1,000**



**In Memory of Sign**  
**\$500**



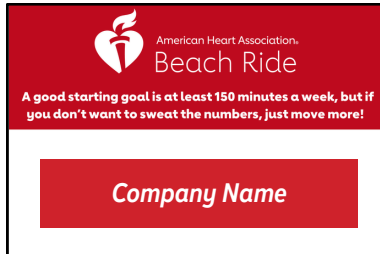
**Check the Box below**

**Sponsorship Banner**  
Quantity (\$1,000 each): \_\_\_\_\_

**In Memory of Sign**  
Quantity (\$500 each): \_\_\_\_\_

**Heart Healthy Trail Marker**  
Quantity (\$300 each): \_\_\_\_\_

**Heart Healthy Trail Marker**  
**\$300**



**Rider's Name:** \_\_\_\_\_ *(Please give credit to this rider)*

**Business Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*I would like to make my donation via Credit Card, call me at:* \_\_\_\_\_

**All checks should be made payable to the American Heart Association.**

*Please mail this form and payments to:*  
**American Heart Association- Beach Ride**  
**887 Johnnie Dodds Blvd., Ste. 110**  
**Mt. Pleasant, SC 29464**