



Donation Form

Ron "Papa" Zinn Memorial Race Fund

Donor Information (please print or type)

Name _____
Billing address _____
City, St. Louis Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now

I (we) plan to make this contribution in the form of: cash check

Form enclosed

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks
or other gifts payable to:

Ron "Papa" Zinn Memorial Race Fund
C/O Rhonda Zinn-Ruhoff
1100 West Northland Drive
Shelbyville, IL 62565