

# JAG JUNIOR FUND INC.

IN MEMORY OF JOEL A. GINGRAS, JR.  
**"SUPPORTING BRAIN TUMOR RESEARCH"**  
 SINCE 1989

**ANNUAL TUBE FLOAT...** Floatin for a Cure

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Sponsors should make checks payable to The JAG Fund.** Return this envelope with all contributions on **Friday Night** at the **Welcome Party**. You have the option of submitting a personal or bank check for all cash contributions. A receipt will be mailed for all donations of \$25 or greater (provided the address and name are legible). If the donation is less than \$25 and the donor wishes to be mailed a receipt, circle the donation amount and legibly print the name and address.

### SPONSORSHIP LEVELS

<b>\$1 — 49</b>	<b>\$50 — 99</b>	<b>\$100 — 249</b>	<b>\$250-499</b>	<b>\$500+</b>
<b>Friend</b>	<b>Sponsor</b>	<b>Patron</b>	<b>Benefactor</b>	<b>Fellow</b>

### SPONSORS (PLEASE PRINT)

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>DONATION</u>	
					<u>Cash</u>	<u>Check</u>
0. Example: John Jones	10 Maple Ave.	Doylestown	PA	18901		\$260
1.						
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TOTAL \_\_\_\_\_

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me to participate in the JAG Fund Tube Float on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages for which I may have against you through which the JAG Fund Tube Float will take place as well as any other person connected with the JAG Fund Tube Float, their heirs, executors, administrators, successors and assigns for any and all injuries which I may suffer while taking part in the JAG Tube Float or as a result thereof.

www.JAGFUND.org

Signature \_\_\_\_\_