

YES, I WOULD LIKE TO BE A PART OF THE 39th ANNUAL TEDDI DANCE FOR LOVE!

Contact Information			
Business Name:			
Contact Name:		Email Address:	
Address:			
City:	State:	Zip Code:	
Monetary Donation			
Full Heart Sponsor:			
Courageous Sponsor:			
Gold Ribbon Sponsor:			
Beary Nice Sponsor:			
In-Kind Donation:			
**checks should be made at to St. John Fisher College; memo: Teddi			
Item Donation			
Name of Item(s):			
Value of Item(s):			
Description(s):			
Gift Certificate for Service(s) In	nformation		
If you are donating a gift certif	ficate for a service(s), p	lease include the following information on the certifica	ite or
voucher:			
	s) or service(s) to be pro usions or exclusions	ovided	

Details of any inclusions or exclusions
Contact Persons
Business Information
Redemption Instructions
Date of Expiration
Any additional Information

Please retain a copy of this form for your records.

Phone: (585) 385-2834 Fax: (585) 385-8334

Email: teddi@sjfc.edu