



DONATION ORDER FORM



*Please visit our web site to get involved,
either as a rower or a supporter.*
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Name: _____ Referring Naiades Rower _____

Address: _____

Email: _____ Telephone: _____

**Please clearly list Names or "Spirits" below—select if your donation is for an OAR or for a name on the BOAT
(Boat Cost: 1 for \$50, 2 for \$75, 3 for \$100* ~ Oar Cost = \$150—one name per oar)**

(* 3 or more names can be bought at \$33/name if purchased all at one time)

Name / Spirit 1: [] Boat / Oar (circle one)

Name / Spirit 2: [] Boat / Oar (circle one)

Name / Spirit 3: [] Boat / Oar (circle one)

Name / Spirit 4: [] Boat / Oar (circle one)

Name / Spirit 5: [] Boat / Oar (circle one)

Please include spaces as a separate character.

Make checks payable to: Naiades Oncology Rowing / PO Box 22661, Rochester, NY 14692

Your donation is tax deductible and will be acknowledged with a receipt sent to your address above.

THANK YOU FOR YOUR SUPPORT!!



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