



Robert Wood Johnson
Medical School

HIPHOP-COMMUNITY HEALTH INITIATIVE

HIPHOP 22nd Annual 5k Fun Run/Walk

Sponsor/Donation Form

Company/Person/Family Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

_____ Yes, we are willing to donate to the H.I.P.H.O.P. 5K Run/Walk

Total amount donated: \$ _____

or

Prize/Food Donated (est. value): \$ _____

_____ Gold (\$500 +)

_____ Silver (\$250-\$499)

_____ Bronze (\$100-\$249)

_____ Friend (Under \$100)

_____ No, we are not willing to donate, but we may be interested in future years.

_____ No, we are not willing to donate and please do not contact us in the future.

Please send this form and your donation:

Attn: Susan Giordano/HIPHOP Program Director **by August 13, 2021**

All checks should be made payable to Rutgers University Foundation-HIPHOP 5k.

Rutgers RWJMS-HIPHOP, 675 Hoes Lane, Rooms N115 & N116, Piscataway, NJ 08854.

Please make a copy of this form for your records.