

CLINTON BRICK STREET CLASSIC

**10K RUN**

**WHEN: MAY 9th  
@ NIGHT**

**REGISTRATION:  
BEGINS 5PM**

**5K RUN/WALK**

& KID'S FUN RUN!

# CONTRIBUTOR FORM

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Street, Route, PO Box)

City

State

Zip

Contact Person: \_\_\_\_\_

Phone (H): \_\_\_\_\_ or (W): \_\_\_\_\_

Email: \_\_\_\_\_

Value of goods or services donated: \$ \_\_\_\_\_

Description of goods or services donated: \_\_\_\_\_

Cash donation: \$ \_\_\_\_\_

Special instructions concerning pick-up or delivery of goods or services donated:

Contributions of goods or services will be used as door prizes. All gifts will be noted during our award ceremony, quarterly newsletter, and radio/newspaper publicity. A contributor tag with your company name will be attached to each gift or auction item.

**Mail or Fax this form to:**

Baptist Healthplex Classic  
102 Clinton Parkway  
Clinton, MS 39056  
Attn: Jan Cossitt  
Phone: 601.925.7915 Fax: 601.925.7902  
jcossitt@mbhs.org