

Hero for Life 2020



My Goal Is:

\$250

\$500

\$750

\$1000

\$_____

Hero's Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____

T-shirt Size: **Small** **Medium** **Large** **XL** **XXL** **XXXL** **XXXXL**

Please **PRINT** all information legibly and **return this completed form to the center by October 17.**
 Visit www.CrossroadsCareCenter.org to print additional Hero Sponsor Forms.

To register, please go online to www.CrossroadsCareCenter.org or call Alex at 248.293.0070 x107.
Must register by September 7 to receive a free Hero for Life T-shirt.

First _____ Last _____

Address _____

City _____ ST _____ Zip _____

\$20 \$40 \$60 \$100 Other \$ _____ **BILL ME** **PAID** Cash Check

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City _____ ST _____ Zip _____

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Please remember the **ZIP CODES!**

Total Amount This Page \$ _____