



Rhode Island Chapter "B"

Jack Smith Chapter Director
28 Cove Street
Riverside, RI 02915

Chapter Sunshine Fund Donation Form
(Please Print Clearly)

Last Name: _____ First: _____ MI: _____ DOB: __/__/____

Additional Family Member Names:

Last Name: _____ First: _____ MI: _____ DOB: __/__/____

Last Name: _____ First: _____ MI: _____ DOB: __/__/____

Last Name: _____ First: _____ MI: _____ DOB: __/__/____

Anniversary Date: __/__/____

Mailing Address:

Street: _____ City/Town: _____ State: _____

Email Address for B-Link notifications: _____

Second Email Address: _____

Phone Numbers

Home: __/__/____ Cell: __/__/____ Cell: __/__/____ Business __/__/____

Motorcycle Information: Make: _____ Year: _____ Model: _____

Signature _____ Date __/__/____

Signature _____ Date __/__/____

OPTIONAL

Sunshine Fund Donation: \$7.50 per person or \$15.00 for family, Cash or Check. Amount attached: _____

News letter are posted on the Chapter Web Site (www.gwrri-ri-b.org)