



Name of Runner/Walker: _____

Address: _____

Phone Number: _____ Postal Code: _____

Sponsor's Name	Sponsor's Address	Sponsor's Phone Number	Amount Pledged	Receipt (y/n)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Please make cheques payable to Hopes Garden

TOTAL PLEDGED _____

Receipts for income tax purposes are issued for pledges of \$10.00 or more.

TOTAL REMITTED _____

Instructions:

- a. In order to be eligible for great prizes, please complete your pledge form and collect the money before Race Day.
- b. Bring both the completed form and all pledge money to the Pledge Table by 6:00 pm on Race Day.