Pledge Form

(Attach to any envelope, copy as needed!)

Event Location _____

Participant's Name _____

Address _____

_____

Phone Number _____

Company/Organization _____

Team Name _____

Collect checks (made payable to the American Cancer Society) or cash prior to event date. Turn in form to Team Captain or at the registration booth. Thank you!

DATE PAID	NAME	ADDRESS / CITY / ZIP	HOME PHONE	AMOUNT CASH	CHECK
			TOTAL		