

PLEDGE FORM

Pledges can be paid online at KomenPhiladelphia.org.

Race Number _____ Amount Enclosed _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ CELL DAY EVENING

E-mail Address _____

Team Name* _____

* This information is required for the Team Pledge Challenge

Print full name of supporter	Phone	Pledge	Total Paid
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
	Amount Enclosed		
	Total Submitted to Date		

Double Your Money If you or any of your supporters are employed by a company that has a Matching Gift Program, please complete and return the employer's Matching Gift form with this pledge form to ensure proper credit to your pledge total.

**Make checks payable to:
Philadelphia Affiliate of Susan G. Komen for the Cure
Send to: 125 South 9th Street, Suite 202
Philadelphia, PA 19107**

Notes

Contributions are tax deductible to the extent of the law.
All pledge money must be received by June 1 in order to be considered for prizes and awards.
All information on this pledge form must be completed to ensure proper credit to you.
Pledge rewards may be picked up during Race weekend with proof of total submitted.
This form may be duplicated, or additional forms are available on our website.
If you are part of a team, you must provide your correct team name to ensure proper credit to your team pledge total.
Participants are limited to one pledge reward level or prize.
Visit KomenPhiladelphia.org to monitor your pledge totals and get additional fundraising tips.

FOR OFFICIAL USE ONLY

Amount _____ Date _____

Location _____ Initials _____

Prize Sent: LP SS Initials _____ Date _____