



Thank you for helping raise money for uncompensated care at Seattle Children's Hospital



Sponsors for: _____ (please print participant name)

Team Name (optional): _____

_____	_____	() _____	\$ _____
1) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
2) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
3) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
4) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
5) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
6) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
7) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
8) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
9) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
10) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
11) Name	Address	Phone	Pledge Donation
_____	_____	() _____	\$ _____
12) Name	Address	Phone	Pledge Donation

Pledge donations are 100% deductible. Run for Children's Guild Tax ID #90-0231200. Receipts will be provided for individual donations over \$50.00 if valid mailing address is provided.

Please complete and bring all pledge donations to the event or mail by August 16th to: Run for Children's Guild, c/o Seattle Children's Hospital, PO Box 5371 / S-200, Seattle, WA 98145-5020

\$ _____

Total Pledge Donations

\$ _____

Total Amount Collected