



The Run for Children's Guild presents:
The Covey Run
Thank you for helping raise money for
uncompensated care at Children's Hospital

Sponsors for: _____ (Please print participants 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 \$

Pledge donations are 100% deductible.

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 Children's Hospital, PO Box 50020, Seattle, WA 98145**

\$ _____

Total Pledge Donations

\$ _____

Total Amount Collected