RUNNING AGAINST RUPTURES

Participant Name: _____ Address: _____ Phone: _____ Phone: _____

PLEDGE FORM

*Please note that donations over \$20 will receive a tax receipt via mail after event.

NAME	ADDRESS	СІТҮ	POSTAL CODE	PHONE #	CASH OR CHEQUE	PAID (\$)





E-mail: _____ Team Name: ______