



Pledge Form

Please write clearly.

Participant Name: _____

Team Name (if applicable): _____

Email: _____

Phone: _____

Donor Name	Donation Amount
	\$

Are any of your donors eligible to participate in their company's matching gift program? Please check with them to send in the necessary paperwork.

Raise \$250 or more and you'll receive a FREE commemorative shirt. Questions?
Race@komencolumbus.org.

Mail this form and all checks to:

Komen Columbus Race for the Cure®
 929 Eastwind Drive, Suite 211
 Westerville, OH 43081

Pledge donations are tax deductible to the fullest extent of the law. The taxpayer ID of Susan G. Komen Columbus® is 75-2844651. Receipts will be issued as requested. To be eligible for pledge prizes, pledge checks must be submitted with this form AND postmarked by **May 31, 2016**. Please do not mail cash! Do not combine pledge money with Race entry fees. You may turn in donations at the pledge table within the Vern Riffe Center on Race day.