

MIRACLE MILES FOR KIDS - PLEDGE FORM

The recommended minimum pledge goal for each walker/runner is **\$100.00**.

Please return your pledges in the enclosed envelope with this form to the address below by April 13th or bring them on race day.

Individual Walker/Runner
 Team Walker/Runner
 Age: _____
 Male
 Female

First Name: _____ Last Name: _____

Team Captain: _____ Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____ Cell: _____

Sponsor's Name	Address, City, State, Zip	E-mail	Amount \$
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Total Pledge Amount

\$ _____