

Date: _____	SEPTEMBER 11TH RUN FOR REMEMBRANCE PLEDGE SHEET	<u>Office Use</u>
Team Name: _____		Received By
Captain: _____		Name: _____
Phone: _____		
Email: _____		

Donor Company and/or Name	Address	Phone	Date	Amount Per Mile	Total Miles*	Total Amount*

Will be determined at the conclusion of the race

For flat rate donations please visit our race page www.soldiersangels.org/race.html

I pledge to donate the total amount above per the total miles ran by the team listed above

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