



# KICKS4CANCER

## 2006 PLEDGE FORM

The top two fundraising teams will receive awards for their efforts.

**Your Name & Team Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

*Photocopies of pledge form are accepted.*

**Sponsor's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Pledge Amount: \_\_\_\_\_ Collected? \_\_\_\_\_

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Donations are due in full 2 weeks after the event. Make sure your team name AND your name are included with this pledge form to ensure full credit.

**All checks should be made out to Kicks 4 Cancer or Carry On, Inc.**