



KICKS4CANCER

2007 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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Address: _____

Phone: _____

Pledge Amount: _____ Collected? _____

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.