

# 5K Run/Walk Pledge Form

Please help us continue to help sick and underprivileged across long island by registering to run/walk, collect pledges and raise awareness about JTCF. Thank you for your support and we hope to see you on the May 22, 2010

Your Name \_\_\_\_\_ Team Name (if walking/running with team) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Total Pledge \$ \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Total Pledge \$ \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Total Pledge \$ \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Total Pledge \$ \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Total Pledge \$ \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

**Total Pledges \$ \_\_\_\_\_**

**We gladly accept cash, checks and credit cards**

**Please make checks payable to: JTCF, 1881 Wantagh Avenue, Wantagh NY 11793**

Name \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Credit Card Info: Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_