

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 _____

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Address _____ City _____
State _____ Zip _____
Email _____

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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 _____