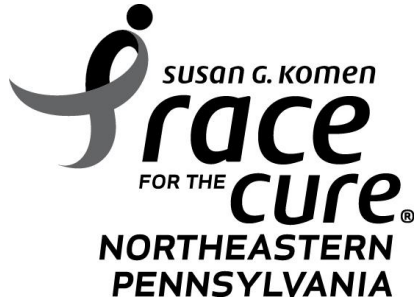


Please visit Race website at www.komennepa.org for more information and Pledge Program prizes.



RUNNER/WALKER'S FIRST NAME

Grid for runner/walker's first name

RUNNER/WALKER'S LAST NAME

Grid for runner/walker's last name

TEAM NAME

Grid for team name

ADDRESS

Grid for address

CITY, STATE, ZIP

Grid for city, state, zip

DAYTIME PHONE

Grid for daytime phone

EVENING PHONE

Grid for evening phone

EMAIL ADDRESS

Grid for email address

Mail-in fundraising forms must be received by September 14th, 2017

INSTRUCTIONS:

Mail this form with your checks (payable to Komen NEPA) to: Komen NEPA, 125 North Washington Avenue, Suite 260 | Scranton, PA 18503. (Write your name on the bottom left corner of each check to ensure proper credit.)

Thank you for your support!

Your pledges allow us to continue our mission to support local breast health programs and national research initiatives. Thank you for bringing us one step closer to finding the cures.

Table with 2 columns: DONOR'S NAME, PLEDGE AMOUNT. Rows 1-10.

Table with 2 columns: DONOR'S NAME, PLEDGE AMOUNT. Rows 11-20.

DONOR'S NAME	PLEDGE AMOUNT
21.	\$
22.	\$
23.	\$
24.	\$
25.	\$
26.	\$
27.	\$
28.	\$
29.	\$
30.	\$
31.	\$
32.	\$
33.	\$
34.	\$
35.	\$
36.	\$
37.	\$
38.	\$
39.	\$
40.	\$
41.	\$
42.	\$
43.	\$
44.	\$
45.	\$
46.	\$
47.	\$

DONOR'S NAME	PLEDGE AMOUNT
48.	\$
49.	\$
50.	\$
51.	\$
52.	\$
53.	\$
54.	\$
55.	\$
56.	\$
57.	\$
58.	\$
59.	\$
60.	\$
61.	\$
62.	\$
63.	\$
64.	\$
65.	\$
66.	\$
67.	\$
68.	\$
69.	\$
70.	\$
71.	\$
72.	\$
73.	\$
74.	\$

Page 2 TOTAL _____
GRAND TOTAL _____