Pledge Form

Our goal is to have every *Stroll* participant raise AT LEAST $75 in pledges or personal donations (with a minimum of $30 required to participate).

Name:_____ **Team Name** *(if on team)*:_____

Address:_____**City:**_____**State:**_____**Zip:**_____

E-mail:_____ **Phone:**_____

Remember, 100% of every dollar directly helps the children in our community!

(Additional Sponsor Forms can be obtained online at www.givetokids.urmc.edu)

Name of Contributor	Complete Address (include zip)	Sponsor Amount	Total Collected
My Contribution			
		Total Collected	

Make checks payable to Golisano Children's Hospital
Please turn in your money and sponsor form on Friday, May 31st at 300 East River Road or at Registration the day of the Stroll.

Golisano Children's Hospital
Advancement and Community Affairs
300 East River Road, PO Box 278996
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