



# PLEDGE FORM

Name of participant:

Contact Phone #:

Organization (if appropriate):

| Donor name | Donor phone | Date of pledge | Pledged amount       | Collected amount | Difference | Notes/Address |
|------------|-------------|----------------|----------------------|------------------|------------|---------------|
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                |                      |                  |            |               |
|            |             |                | <b>Total raised:</b> |                  |            |               |

Pledged funds may be mailed with your registration to: SI Rogue Starlight, P.O. Box 641, Medford, OR 97501 or turned in on Walk Day.