

Please submit this completed form with your collected pledges and turn in at Walk-In Registration, on WALK Day at Pledge Drop-Off area, or by mail.

Mr. Mrs. Ms. *circle one* First Name MI Last Name

E-mail Address

Address Apt. # City/State/ZIP

Home Phone No. Cell Phone No.

Team Name *if applicable* Team Captain Name

All participants must register on-line at www.beverlybreastcancerwalk.org or by mail-in entry form in this booklet. Make checks payable to the LCMH Foundation. All donations are tax-deductible. Cancelled checks serve as receipts. All gifts of \$250 or more for which we receive full address information will receive a gift acknowledgement. Photocopies of this pledge form also are acceptable. Please keep a copy for your records.

SPONSOR'S NAME	ADDRESS CITY, STATE, ZIP	PHONE NUMBER	MATCHING GIFT	PLEDGE AMOUNT	AMOUNT COLLECTED
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
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			Y N		
			Y N		
<i>Matching gifts could double your money! – Matching Gifts Total</i>					
<i>All proceeds benefit the Comprehensive Breast Health Center at Little Company of Mary Hospital.</i>					
				PLEDGES	TOTAL