



Pledge Form

Komen Knoxville, Managing Cash and Checks

THIS FORM MUST ACCOMPANY ALL DONATIONS

Name: _____

Team Name (if applicable): _____

Address: _____

City: _____ ST: _____ Zip: _____

Email: _____ Phone: _____

Name:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:
Address:		
City:	ST:	Zip
Email:	Phone:	
Would you like for us to email you a receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact you in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:
Address:		
City:	ST:	Zip
Email:	Phone:	
Would you like for us to email you a receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact you in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:
Address:		
City:	ST:	Zip
Email:	Phone:	
Would you like for us to email you a receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact you in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name:	Amount:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:
Address:		
City:	ST:	Zip
Email:	Phone:	
Would you like for us to email you a receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact you in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MAKE CHECK PAYABLE TO "KOMEN KNOXVILLE"

If you have any questions, contact the Race Hotline at 865-257-2873 or racechair@komenknoxville.org. If your employer has a "Matching Funds" program, your donation will go twice as far! Please attach the necessary "Matching Funds" form(s) and required documentation.

Mail-In (NO CASH PLEASE)
 Postmark by **Nov. 21, 2011:**
 Komen Knoxville Race for the Cure
 318 Nancy Lynn Ln. #13
 Knoxville, TN 37919

ONLINE
Dec. 2, 2011
www.komenknoxville.org