



5TH ANNUAL FIGHTING IRISH 5K

Pledge Form

NAME _____ PHONE (DAY) _____ PHONE (EVENING) _____

ADDRESS _____ E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____ SIGNATURE _____

Name	Pledge Amount (\$)
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____
TOTAL \$ _____	

For every \$25 raised, you receive one (1) additional raffle ticket.



FIGHTING IRISH 5K
www.fightingirish5k.com