



4TH 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.

