



PLEDGE FORM

Participants: please collect your sponsors' donations in advance and bring on race day or mail the pledge form with pledges. Checks can be made payable to *Miles for Moms* and mail to: Miles for Moms, PO Box 61, Edgewater, NJ 07020

Participant's Name _____
 Address _____

 City, State Zip _____
 Email _____

Donor's Name	Pledge Amount (per mile)	Miles	Total Pledged
	\$	X 4	
	\$	X 4	
	\$	X 4	
	\$	X 4	
	\$	X 4	
	\$	X 4	
	\$	X 4	
	\$	X 4	
	\$	X 4	

Total Raised: _____