



Spring into Health 5K

A Benefit Race for Grace Cottage Hospital
Saturday, May 13, 2017, 8:30 am start, Rain or Shine

PLEDGE FORM

Reproduce this form as needed.

Participant's Name: _____

In presenting this request to a potential pledger, the Participant is committing to running, jogging, or walking the 3.1 mile race course.

Pledgers are encouraged to make a pledge for a single total amount and provide their donation to the participant in good faith at the time of the request. Pledgers are further encouraged to cheer their runners on at the event.

PLEDGER'S NAME

PLEDGE AMOUNT

TOTAL PLEDGE DONATIONS: \$_____

Bring Pledge Form(s) and donations to the Registration Table on the Townshend Common.

Make checks payable to: Grace Cottage Foundation, PO Box 1, Townshend VT 05353. A 501(c)3 organization.
Information at: www.gracecottage.org or call 802-365-9109.