



Runner Pledge Form

Collect donations to reach your fundraising goal

Participant Name: _____ Participant Email: _____

Participant Phone Number: _____ Participant Address: _____

| Donor Name | Email | Address, City, Province | Postal Code | Phone # | Donation Amount | PAID cash or cheque |
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| Charitable Registration Number: 10808 4419 RR0001 | | | | TOTAL: | | |

Please mail this form along with your donation(s) to:

SickKids Foundation

Attn. Event Marketing Team

525 University Avenue, Suite 1400, Toronto, ON M5G 2L3

Please complete all fields and enclose all associated payments prior to mailing. Cheques made payable to SickKids Foundation. Include participant name on all cheques.