



DANSKIN[®]

TRIATHLON SERIES

an Xtra Mile LLC property

PLEDGE FORM



Support the fight against cancer by collecting donations from family, friends and colleagues. All pledge funds will be shared equally by The Breast Cancer Research Foundation and the National Association of Team Survivor, and all donations to these non-profit 501(c)(3) organizations are tax deductible. Do NOT bring or send cash. To donate online please visit:

www.teamsurvivor.org

Pledge funds may be dropped off at the Team Survivor Booth at the Expo on Saturday or they may be mailed to the National Association of Team Survivor (checks ONLY; please do NOT bring or send cash).

Triathlete Name _____
 Address _____
 City/State/Zip _____
 Phone () _____ Race City _____
 Edress _____ @ _____

Team Survivor strives to offer programs that support women at all fitness levels and in all stages of cancer treatment and recovery. The programs are not fund-raising activities; they serve as an adjunct or alternative to traditional support groups and bring women together for the purpose of improving their physical and emotional strength.

ALL DONATIONS ARE TAX DEDUCTIBLE.

Check for pledge funds made payable to: **Team Survivor/BCRF**
 Do NOT bring or send cash. Pledge funds may be turned in at the Team Survivor Booth at the Race Expo on Saturday, or they may be mailed to:

National Association of Team Survivor/BCRF
 735 Ohio Street
 Lawrence, KS 66044-2365

www.teamsurvivor.org
pledges@teamsurvivor.org

www.danskintriathlon.net

Donor's Name _____

Pledged \$ _____ Received \$ _____ Check # _____

Address _____

City/State/Zip _____

Phone () _____ Edress _____

Donor's Name _____

Pledged \$ _____ Received \$ _____ Check # _____

Address _____

City/State/Zip _____

Phone () _____ Edress _____

Donor's Name _____

Pledged \$ _____ Received \$ _____ Check # _____

Address _____

City/State/Zip _____

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Address _____

City/State/Zip _____

Phone () _____ Edress _____

Donor's Name _____

Pledged \$ _____ Received \$ _____ Check # _____

Address _____

City/State/Zip _____

Phone () _____ Edress _____

Donor's Name _____

Pledged \$ _____ Received \$ _____ Check # _____

Address _____

City/State/Zip _____

Phone () _____ Edress _____

Total Funds Pledged: _____ Total Enclosed: _____

This form may be copied.

Note: Enclosed donations should be recorded on Pledge form.