



FUNDRAISING PLEDGE FORM

For every \$30 donated, the donor will be entered into a drawing for a new pair of shoes from Zappos. Please list each donor's name, address, email and the amount of their gift so we may send them a tax deduction letter and enter them in the raffle if they qualify.

Raise \$150 and receive a refund of your race registration!

Name _____
 Address _____
 Phone _____
 Email _____

Pledges

Name	Address	Email	Pledge

Payment Information (If you prefer, you may pay over the phone.)

Credit card: American Express Discover MasterCard VISA

Card number _____ Security code _____ Expiration date _____

Name on credit card _____ Signature _____

Check Make checks payable to: **Trinity Foundation.** Cash

Yes, I would like to make an additional gift at this time \$ _____ **Total amount \$** _____

Return this form with your contribution to:
 Trinity Foundation
 Attn: Development Office
 301 Veterans Parkway
 New Lenox, IL 60451

For more information call 815-717-3750.
Thank you for supporting children and adults with disabilities or mental illness!

