

INDIVIDUAL PARTICIPANT PLEDGE FORM

It's time for the Annual
Survive and Thrive 5k Run Walk Health & Safety Expo!
Saturday, October 6, 2012

First Name: _____ Last Name: _____

I plan to run/walk the 3.1 miles for _____ Charity Team.

Dear Potential Sponsor,

I am participating in the Annual Survive and Thrive Run Walk Health & Safety Expo. All proceeds will help fund programs and services for Crime Survivors, Inc. You can make a pledge for any amount. Make your pledge using your credit card or PayPal at www.surviveandthrivewalk.org. Mail checks payable to Crime Survivors, Inc. PO Box 54552, Irvine, CA 92619. All contributions are tax-deductible.

Thank you!

Name of Supporter	Pledge (Example: \$10.00)	Maximum Pledge	Amount Collected from Supporter	Business Matching Pledge Amount
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Please mail, email or fax completed form to:

Survive and Thrive Run Walk Health & Safety Expo

Crime Survivors, Inc.

PO Box 54552 Irvine, CA 92619-4552

E-mail: crimesurvivors@aol.com **Fax:** (775) 245-4798 **Phone:** (949) 872-7895

www.surviveandthrivewalk.org