



Sunday, September 26, 2010

PLEDGE FORM

Individual Participant:

First Name _____ **Last Name** _____

Team Participant #2:

First Name _____ **Last Name** _____

Dear Potential Sponsor:

I/We am/are participating in the Charity Race to raise money for the Loudoun Free Clinic. Proceeds will go to the Clinic so this non-profit organization can provide quality health care services at no cost to low-income, uninsured residents of Loudoun County. You can help by sponsoring me/us as I/we swim 450 yards and run 5K to support the Free Clinic and its mission of providing health care to Loudoun County residents who, as a result of economic or other barriers, would otherwise do without. All contributions are tax-deductible. Checks can be made payable to Loudoun Free Clinic. Thank you!

Name of Sponsor		E-mail Address	Amount Collected from Sponsor	Business Matching Pledge Amount
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15				
			Amount Collected	\$
			Page 1	



Individual Participant:

First Name _____ Last Name _____

Team Participant #2:

First Name _____ Last Name _____

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Amount from pg. 1	
Total Amount Collected	\$ _____

RACE PARTICIPANT(S): Please bring this completed form with pledge money to the Race registration table at Ida Lee Park in Leesburg, VA on Sunday, September 26th, beginning at 6:00 a.m., or mail check(s) to Loudoun Free Clinic, 224B Cornwall Street NW, Leesburg, VA 20176. Checks should be made payable to “Loudoun Free Clinic.” Do not send cash. All donations must be received at or before registration to be eligible for special awards.