Donation Pledge Form

As a registered participant for the Ultra Miles for Moffitt 12 Hour Endurance Run, I am required to solicit donations from my family, friends and co-workers. Would you please help me reach my fund-raising goal of $_____? 100% of all donations will go to fund research at Moffitt Cancer Center.

I will be participating in this event beginning at 7:00 p.m. on Saturday, May 8, 2010 at the University of South Florida track. I will run laps around the track until 7:00 a.m. on Sunday, May 9th. My goal for this race is _____ laps. With your help, I will complete my fund-raising and running goals as I run in honor of or in memory of _____.

You may sponsor me for a flat fee or you may pledge a per lap amount. Miles for Moffitt is a 501(c)(3) nonprofit organization. If your company has a matching gift program, please provide the matching gift form along with your tax-deductible donation payable to Miles for Moffitt.

Thank you for your generous donation.

Mail to Susan Meadows Moffitt Cancer Center 12902 Magnolia Drive, MBC PR Tampa, FL 33612

Name	Company	Address	Amount