



Sunday, October 24, 2010
Charlotte, North Carolina

DONATION TRACKING FORM

Complete and submit this form, along with pledges collected, on the day of the event when you check in.

(Please Print)

Name of Runner/Walker _____ Phone Number _____

Name	Street Address	City, State, Zip	Daytime Phone Number	Donation
				<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> other amount _____
				<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> other amount _____
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