



2010 PLEDGE FORM

Also available at www.komenmilwaukee.org

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Donor's Name	\$ Amount
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TOTAL	

Mail completed form by October 22, 2010 with pledges to:
Komen Southeast Wisconsin Race for the Cure
 PO Box 511493, New Berlin, WI 53151-3293
 Race Information: 262-930-6475

