



Spotlight on Lyme - 5K Run/Walk May 23, 2010

Sponsor Pledge Form

Participant Information:

Name: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____

(Work or cell): _____

Sponsor's Name	Address	City, State, Zip	Phone	Pledge	Ttl. Due	Amt. Pd.
			TOTAL			

Sponsors should make checks payable to the **Lyme Disease Association, P.O. Box 29, Little Silver, NJ 07739**

All pledge money must be turned in on the day of the event!

You may be able to double or even triple your pledge dollars! Many corporations have matching fund policies for employees' contributions to charities. Check with your company for details.

For more information contact us at SpotlightOnLyme@gmail.com.

