



"Pink Ribbon Rally" 2014 Golf Event

Supporting Local Breast Cancer Patients
Supporting Mothers, Sisters, Daughters & Friends

PLEDGE SHEET

NAME: _____

Each participant is responsible for collecting the pledges on this form.
All pledges are due on or before the event on Sunday, August 10, 2014.

Please make checks payable to: PINK RIBBON RALLY

NAME	PHONE	ADDRESS	ZIP	AMOUNT	PAID

A BENEFIT FOR THE CENTRAL PENINSULA HEALTH FOUNDATION BREAST CANCER FUND



PINK RIBBON RALLY operates under Bridges Community Resource Network, Inc.
All donations are tax-deductible (TIN #92-0151271)

PLEDGE CONTINUATION SHEET

NAME	PHONE	ADDRESS	ZIP	AMOUNT	PAID

RALLY PARTICIPANT: _____