

Champion the Cure Challenge 2020 Pledge Form

Please complete both sides of this form and attach additional sheets if necessary.
Make checks payable to Champion the Cure Challenge.

In 2020, YOU make The Challenge: Walk/Run/Cycle (virtual challenge) Paddle (virtual challenge) Trail Ride (virtual challenge)

PARTICIPANT INFORMATION

Participant Name:	Team Name (if applicable):		
Mailing Address:	City:	State:	ZIP:
Phone Number: ()	Email:		

NINE SIMPLE WAYS TO BE A TOP FUNDRAISER

- | | | |
|---|---|-----------------------------|
| 1. Set your goals high | 4. Ask for support from your Facebook friends | 7. Get matching gifts |
| 2. Ask everyone you know to donate \$5 | 5. Put a video of your training on You Tube | 8. Hold your own fundraiser |
| 3. Write a letter or send emails to acquaintances | 6. Compete with friends | 9. Thank your donors! |

DONOR INFORMATION

To ensure you receive proper credit for your fundraising efforts, complete the information below for each gift included with this form. Be sure that you have enclosed payment for each donor listed on this form.

Donor Name	Mailing Address, City, State, ZIP	Phone Number or Email Address	Donation Amount	Payment Method	
				Cash or Check	Check #
1.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
2.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
3.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
4.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
5.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
6.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
7.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
8.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	

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9.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
10.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
11.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
12.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
13.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
14.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
15.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
16.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
17.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
18.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
19.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
20.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
21.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
22.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
23.			\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	

Return forms by mail to:

Northern Light Health Foundation
PO Box 931
Bangor, ME 04402-0931

Return forms in person to:

Northern Light Health Foundation
One Cumberland Place
Suite 300, Bangor

For more information:

Call 207.973.5055 or
email ctcchallenge@northernlight.org

Total Enclosed	\$
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Do not mail cash.