



FUN RUN PLEDGE FORM

Student Name: _____

Class: _____

Please make checks payable to St Mel. Pledge is a flat donation, not per lap. Please return money and form by May 17, 2017.

NAME	CONTACT PHONE	TOTAL PLEDGE	PAID Y / N
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	TOTAL	\$	

*A portion of your donation will go to
Juvenile Diabetes Research Foundation.
Thank you.*

