



# Runner Pledge Form

Collect donations to reach your fundraising goal

Participant Name: \_\_\_\_\_ Participant Email: \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_ Participant Address: \_\_\_\_\_

Donor Name	Email	Address, City, Province	Postal Code	Phone #	Donation Amount	PAID cash or cheque
Charitable Registration Number: 10808 4419 RR0001				<b>TOTAL:</b>		

Please mail this form along with your donation(s) to:  
**THE MILLION REASONS RUN, c/o SickKids Foundation**  
**525 University Avenue, Suite 835, Toronto, ON M5G 2L3**

Please complete all fields and enclose all associated payments prior to mailing. Cheques made payable to SickKids Foundation. Include participant name on all cheques.