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RUNNER/WALKER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Raise \$100 for an official Hope Cures gift pack and free race registration.**

**Raise \$500 for special recognition in our "CIRCLE of HOPE".**

Sponsor's Name	Address/City	Zip	Phone	Donation
Joanne Walker (example)	104 Sample St., NY	11119	555-1111	\$100
1				
2				
3				
4				
5				
6				
7				
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9				
10				
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12				
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14				
15				
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17				
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20				

**TOTAL  
Donations \$**

Download a new pledge form at [www.woodloch/theedge.com](http://www.woodloch/theedge.com)

**Release Statement**

I, \_\_\_\_\_, release Woodloch Pines, Inc., the BK Foundation, and the Hope Cures sponsors and organizers from any claims or liability resulting from my participation in the or 5K race.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_