

SPRING THAW 2020

Proceeds Benefit



Collector's Name:	Tel:	Address:	P/Z Code
-------------------	------	----------	----------

Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	

Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	
Name:	Tel:	Receipt required	\$
Address:	Postal/Zip Code:	Check when paid	

Pledge Incentives

- \$75 Free Entry**
- \$300 Free Entry & New Balance Socks**
- \$500 Free Entry & New Balance 860v10 Shoes**
- \$1000 Free Entry & New Balance 860v10 Shoes & Backpack**

Photocopy Pledge Form for more sponsors. Tax receipts will be issued for amounts \$20 and over as requested