



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				TOTAL:		

Please mail this form along with your donation(s) to: **THE MILLION REASONS RUN, c/o SickKids Foundation 525 University Avenue, Suite 1400, Toronto, ON M5G 2L3** Please complete all fields and enclose all associated payments prior to mailing. Cheques made payable to SickKids Foundation. participant name on all cheques.