



Benefiting



Team Member Name: _____
Team Name: _____

	Donor Name	Address, City, State, Zip	e-mail address	Donation Amount	Cash or Check
1.					
2.					
3.					
4.					
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10.					
11.					
12.					

Please bring a copy of this pledge form to registration. Donors addresses will be used for thank you letters that will be sent to all donors after the event. The SOVREN Guild Tax I.D. # is 94-3164280 if any donors request it. Please photocopy or print this form as needed. Thank you.