



## Pledge Form

Name: \_\_\_\_\_ Team Name (if on team): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Remember, 100% of every dollar directly helps the children in our community!**

(Additional Sponsor Forms can be obtained online at [www.givetokids.urmc.edu/stroll](http://www.givetokids.urmc.edu/stroll))

Name of Contributor	Complete Address (include zip)	Sponsor Amount	Total Collected
<b>My Contribution</b>			
		<b>Total Collected</b>	

Donations can be made online  
Checks should be payable to Golisano Children’s Hospital

Golisano Children’s Hospital  
*Advancement and Community Affairs*  
 300 East River Road, PO Box 278996  
 Rochester, New York 14627



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