

# ANNUAL CHARITY RUN/WALK FOR SIDS PLEDGE FORM

Toll Free 1-877-WeLoveYou  
301-322-2620

## Runner/Walker Information (All information must be complete.)

Name of runner/walker \_\_\_\_\_  
Team name or company (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Sponsor's Name	Street Address	City, State, Zip	Donation
Kathy Jones	619 Spring St.	Mytown, MD 00000	\$50
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

*Please make extra copies of this form for more walker pledges.*

Please make checks payable to **CJ Foundation for SIDS**.

All runners/walkers are encouraged to collect their sponsors' donations in advance.

Please send checks to: P.O. Box 2426, Hyattsville, MD 20784-0426.

Register and donate online at [www.SidsSurvivalGuide.org](http://www.SidsSurvivalGuide.org).

**TOTAL AMOUNT COLLECTED**

\$ \_\_\_\_\_

*Please consolidate cash into checks or money orders. Do not mail cash.*

## ANNUAL CHARITY RUN/WALK FOR SIDS REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please make checks payable to CJ Foundation for SIDS (Employer ID #22-3280254)

**I am unable to participate but would like to make a donation to the CJ Fdn for SIDS of \$ \_\_\_\_\_ .**

Payment information:  Check  Credit Card Payment (Please check one)  VISA  MasterCard

Name on Credit Card \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

### The Fine Print

I hereby waive all claims against the CJ Foundation for SIDS and all event sponsors and personnel for any injury that may occur to me. I attest that I am physically healthy and can participate in this event. I grant permission to the CJ Foundation for SIDS and SIDS Educational Services to print photographs of me.

Signature \_\_\_\_\_ Date \_\_\_\_\_