

Pledge Form



I/We wish to support: _____
[Participant Name, Team Name, or Corporate Team]

The participant I/we support is associated with: _____
[AbilityFirst center/program]

I/We wish to support with a donation amount of:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> Other: _____ |

Donor Message:

Saturday, November 12th - Santa Anita Park Gate 6

www.strollandroll.org

Registration is \$35 and includes S&R walk kit: event t-shirt, entrance to event, and more.
Children 5 years and younger are free.
Register by October 10th to guarantee your S&R walk kit by event date.

I/We would like information on:

- | | |
|--|---|
| <input type="checkbox"/> Event Sponsorship | <input type="checkbox"/> Event Corporate Team |
| <input type="checkbox"/> Other Partnership Opportunities | <input type="checkbox"/> Volunteering |

Name: _____

Company: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ [required] Email: _____ [required]

ACC Number: _____ Exp. Date: _____
 Mastercard VISA Amex

Please make check(s) payable to AbilityFirst. Mail to 1300 E. Green St., Pasadena, CA 91106

Signature: _____
[required]

Tax ID# 95-1690983

Pledge Form



I/We wish to support: _____

[Participant Name, Team Name, or Corporate Team]

The participant I/we support is associated with: _____

[AbilityFirst center/program]

I/We wish to support with a donation amount of:

\$1,000

\$100

\$500

\$50

\$250

Other: _____

Donor Message:

Saturday, November 6th - via Zoom!

Register to participate at: www.strollandroll.org

Registration is \$35 and includes event t-shirt and access to fundraising incentives and **BIG PRIZES.**

I/We would like information on:

Event Sponsorship

Event Corporate Team

Other Partnership Opportunities

Volunteering

Name: _____

Company: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

[required]

[required]

ACC Number: _____ Exp. Date: _____

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