

# 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:

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**Saturday, November 12th - Santa Anita Park (Gate 6)**

**To participate, visit: [www.strollandroll.org](http://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: \_\_\_\_\_ Email: \_\_\_\_\_

[required]

[required]

ACC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

- |                                     |                               |                               |
|-------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> VISA | <input type="checkbox"/> Amex |
|-------------------------------------|-------------------------------|-------------------------------|

**Please make check(s) payable to AbilityFirst. Mail to 789 Fair Oaks Ave., Pasadena, CA 91103**

Signature: \_\_\_\_\_

[required]

Tax ID# 95-1690983