



TEAM KORTNEY

Pledge Form

Runner's First Name: _____ Last Name: _____
 Email address: _____

I plan to run _____ miles as part of TEAM KORTNEY in _____ to benefit
 The Kortney Rose Foundation. (Name of event)

Dear Potential Sponsor,

I am participating as part of The Kortney Rose Foundation's TEAM KORTNE. All proceeds will help fund pediatric brain tumor research and awareness. Please visit:

www.thekortneyrosefoundation.org

****Pediatric brain tumors are the #1 cancer-related cause of death in children 20 and under and are being diagnosed as often as Leukemia.** You can sponsor me for an amount per mile or maximum amount that you are willing to contribute. Checks: payable to The Kortney Rose Foundation. All contributions are tax deductible as the foundation is a 501 (c) (3).

Thank you very much for your support!

Name of Sponsor	Pledge per Mile	Maximum Pledge	Amount Collected from Sponsor
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2			
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20

CHILDREN PLEASE DO NOT SOLICIT DOOR TO DOOR!

Please mail or deliver this form and the forms of payment to The Kortney Rose Foundation at 41 Summerfield Ave., Oceanport, NJ 07757. We accept donations on our web site also.

INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NJ BY CALLING (973) 504-6215 AND IS AVAILABLE ON THE INTERNET AT <http://state.nj.us/lps/ca/charfrm.htm>. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT.