



TEAM KORTNEY

NJ Marathon

Sunday, May 2, 2010

Pledge Form

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

I plan to run _____ miles as part of TEAM KORTNEY in the NJ Marathon events to benefit The Kortney Rose Foundation.

Dear Potential Sponsor,

I am participating as part of The Kortney Rose Foundation's TEAM KORTNEY in the NJ Marathon, Half Marathon or on a Relay Team. **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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CHILDREN PLEASE DO NOT SOLICIT DOOR TO DOOR!

Participants: To reach our goals we are asking that full marathon runners raise \$500 each, half marathoners raise \$250 each and members of a relay team raise \$125 each. Please bring all of your payments with this form when you pick up your race packet or mail it to The Kortney Rose Foundation at 41 Summerfield Ave.. Oceanport, NJ 07757.

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.