

Sunday, October 2, 2016



<b>PLEDGE COLLECTION FORM</b>
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Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

**Sunday, October 2, 2016**

	Sponsor's Name	Address	Phone Number	Contribution
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

**Please make checks payable to: MMRF or Multiple Myeloma Research Foundation MMRF Tax ID#: 06-1504413**

**Mail checks and pledge form to Dan Cummins, 12 Bella Vista Place, Iowa City, IA 52245 or bring them race day.**

**FOR INFORMATION CONTACT: Dan Cummins at 847-533-8202 or [info@milesformm.com](mailto:info@milesformm.com).**

Donations are tax deductible. In compliance with IRS requirements, receipts will be issued for individual contributions of \$250 or above.