



PLEDGE COLLECTION FORM

Participant Name: _____

Sunday, October 5, 2014

	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.

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