

Cottage Hospital’s 1st Annual Any Which Way 5k

Walk-a-thon & Bike-a-thon Pledge Form

Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Raised: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name** | **Address** | **Amount** | **Paid (cash/check)** |
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Total Raised: \_\_\_\_\_\_\_\_\_\_\_\_\_