

STUDENT/FAMILY NAME \_\_\_\_\_  
*Please complete a Pledge Form for EACH student*

TEACHER NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ CLASS: A or B

**SPONSOR COMMITMENT – ONE STUDENT:**

TOTAL PRE-PAID \$ \_\_\_\_\_  
*(Payment attached)*

CASH \$ \_\_\_\_\_  CHECK # \_\_\_\_\_

TO BE BILLED FLAT Pledge \$ \_\_\_\_\_  
*(\$5.00 MINIMUM - Bill me after the Jog-A-thon)*

*(\$5.00 MINIMUM - Bill me after the Jog-A-thon)*

TO BE BILLED PER LAP Pledge \$ \_\_\_\_\_  
*(Billed after the Jog-A-thon)*

*(Billed after the Jog-A-thon)*

**SPONSOR COMMITMENT - SPLIT PLEDGE BETWEEN STUDENTS:**

*Please complete a Pledge Form for EACH student*

Amount PER STUDENT / TOTAL amount ATTACHED  
\$ \_\_\_\_\_ / \$ \_\_\_\_\_

CASH \$ \_\_\_\_\_  CHECK # \_\_\_\_\_

\$ WITH WHOM: \_\_\_\_\_  
*NAME OF YOUNGEST SIBLING/STUDENT*

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**PLEASE INCLUDE ALL SPONSOR/DONOR INFORMATION:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Return completed pledge form to STUDENT or MAIL TO:  
O'Hara Catholic School, 715 W. 18<sup>th</sup> Ave., Eugene, OR 97402

**Internal Use only:**

**Thank you for your support!**

RECEIVED:  CASH  CHECK # \_\_\_\_\_ PRE-PAID TOTAL \$ \_\_\_\_\_

TO BE BILLED:  TBB/Lap \$ \_\_\_\_\_ x 20 laps= \$ \_\_\_\_\_  TBB FLAT \$ \_\_\_\_\_

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*(Payment attached)*

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TO BE BILLED PER LAP Pledge \$ \_\_\_\_\_  
*(Billed after the Joa-A-thon)*

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\$ \_\_\_\_\_ / \$ \_\_\_\_\_

CASH \$ \_\_\_\_\_  CHECK # \_\_\_\_\_

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Please securely attach payment to pledge.