

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)

TO BE BILLED PER LAP Pledge \$ _____

(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

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. 18th 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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Please securely attach payment to pledge.