THIS IS YOUR ADMISSION TICKET

Little Angels – Pledge Sheet

Participant Information **Name:** **Address:** **City, State, Zip:**	***Collect pledges for the Marklund Wasmond Center at Little Angels online at:*** **www.marklund.org/pledgerun**

Please make checks payable to: **Marklund** *and note "Little Angels Pledge Run"*	***Corporate Matching Gifts*** **Do you work for a company that will match your gift? Please obtain the proper form from your employer, complete it and return with your gift.**

NAME OF DONOR	ADDRESS	CITY	ST	ZIP	DONATION	PD

	TOTAL: ***(PLEASE TOTAL DONATIONS)***	**$**

If you are unable to participate the day of the Run, please mail your donations to:

Marklund

c/o Little Angels Pledge Run

1S450 Wyatt Dr. Geneva, IL 60134

Checks only, please do not mail cash!