Friends Asking Friends®
Pledge Program
Collection Form

(May be duplicated)

COLLECTOR _____

TEAM (if applicable) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE (Day) _____ **(Eve)** _____

EMAIL _____

Would you like to receive our new E-Newsletter? ___ Yes ___ No

Donor's Name	**Address**	**Amount**

TOTAL $ _____

- ✓ *Special limited-edition, 2010 RACE pin to everyone who raises $200 or more.*
- ✓ *Additional prize for top money raiser.*
- ✓ *Please do not send cash through the mail.*
- ✓ All **Friends Asking Friends®** money should be received by June 30, 2010 to qualify for prizes.

☐ **Check here if you do NOT wish to receive a prize.**

Make checks payable to: CT Breast Health Initiative, Inc.

Mail to: **Friends Asking Friends® CTBHI** ● PO Box 566 ● New Britain, CT 06050

Money can be submitted on RACE DAY at the **Friends Asking Friends® Tent**

www.ctraceinthepark.org Phone: (860) 827-7103 Email: info@ctrace.org