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 gift for collectors who raise $200 or more. Gift available for pick up on **RACE Day only** in FAF tent.*
- ✓ *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 top prize..

☐ **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