

Stride for Kids 5K Run/Walk

Name _____

Team Name (if applicable) _____ Total Members _____

Address _____ City _____ Zip _____

Phone _____ Email _____

MY FUNDRAISING GOAL \$ _____ MY TEAM FUNDRAISING GOAL \$ _____

Please have sponsors **PREPAY WITH CASH, CHECKS OR MONEY ORDERS** payable to "IFAPA".
Contributions are tax-deductible. **Please print legibly.**

SPONSOR'S NAME	EMAIL	TELEPHONE NUMBER	PLEDGE AMOUNT RECEIVE	METHOD OF PAYMENT (CHECK/CASH/ MONEY ORDER)
X Susie Smith	susieq@gmail.com	515-222-1234	\$50	Check
X Bob Jones	bobtools@yahoo.com	515-234-5678	\$100	Cash
1				
2				
3				
4				
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11				
12				
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14				
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19				
20				
If you would like to make a donation with a credit card, please feel free to visit our website at https://ifapa.ejoinme.org/contributions (don't forget to enter the name of the person that you are sponsoring).				Total Collected

Don't stop at 20 sponsors! For additional forms, call the IFAPA office at 1-800-277-8145 ext 1, visit our [website](#) or our [Facebook](#) page. Any amount is greatly appreciated!

Please turn this form and all pledges collected the day of the run/walk. Thank you

