

It's time for the Annual Lower Lights Christian Health Center 2009 Walk/Run for Spaghetti 5K! Saturday, October 10, 2009

First Name: _____ Last Name: _____

I plan to (circle one) walk / run for Lower Lights Christian Health Center.

Dear Potential Sponsor,

I am participating in the 2009 Walk/Run for Spaghetti 5K. All proceeds will help fund high quality health care for under/uninsured people in Central Ohio. All contributions are tax-deductible. I need to collect all the pledges ahead of time, and will let you know afterwards how I did. Checks should be made payable to LLCHC.

Thank you!

	Name and Address of Sponsor	Phone Number	Amount Pledged and Paid	Needs Receipt? Y/N
1				
2				
3				
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11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
		TOTAL		

Participants: If a sponsor would like a receipt for tax purposes, please make sure to that the sponsor clearly writes his/her address in the space provided.