



PLEDGE FORM

We need your help! Please consider a personal fundraising goal of \$100 or more.

Proceeds from the Run~Walk support patient care at [The Mass General Cancer Center at Emerson Hospital - Bethke](#).

- Participants who raise a minimum of \$10 may personalize a tribute on our Tribute Wall.
- Participants who raise a minimum of \$100 receive an event momento.
- Participants who raise a minimum of \$2,000 are recognized on a donor display in the Mass General Cancer Center at Emerson Hospital—Bethke.

FULL NAME	ADDRESS	AMOUNT (\$)
_____	_____	\$ _____
_____	_____	\$ _____
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Checks should be made payable to: **Emerson Healthcare Foundation**. *Please do not mail cash.*

Please bring pledge form and donations to the Run~Walk event on Saturday, June 9 ~ OR ~
 Mail to: Emerson Healthcare Foundation, Attn: Run~Walk for Cancer, 133 Old Road to Nine Acre Corner, Concord, MA , 01742.