



PLEDGE FORM

SELFLESS ELF 5K RUN/WALK
 BENEFITING THE AKRON-CANTON REGIONAL FOODBANK

RUNNER'S INFO		
Runner's Name	Group/Organization (if applicable)	
Address	City & State	Zip Code
Email Address	Home Phone	Work/Cell Phone

PLEASE MAKE ALL CHECKS PAYABLE TO **AKRON-CANTON REGIONAL FOODBANK**. \$1 = 4 MEALS

SPONSOR NAME	SPONSOR ADDRESS	PHONE	PLEDGE
Jane Doe	1234 Street Road Anywhere OH 44000	330-000-0000	\$25.00

Please submit your donations/pledges to the Foodbank 2 weeks prior to the race. Become a **VIP ELF** by raising more than \$250 in pledges.
SELFLESELF.COM #selflesself