

KFGC WALK/RUN PLEDGE SHEET

Name: _____

Team Name and/or Dialysis Facility Represented (if any): _____

Sponsorships are not required but they certainly enhance our ability to assist patients and educate the community.

	Sponsor Name	Phone	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

TOTAL RAISED	\$
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Make all checks payable to KFGC.
 Checks are tax deductible to the full extent allowed by the IRS.
 Please attach a separate sheet for additional pledges.
 For company matching gifts, please enclose necessary forms and information.