



**Sunday,
February 28,
2010**

Climber Name

Complete and mail this form,
along with your donation, to
support my participation in the
2010 Hustle Up the Hancock.

Donor Information: _____

Donor Name

Company Name

Daytime phone Evening phone

Address (circle one) — Company or Home

Email—required if you wish to receive an e-tax receipt

Donation Information: _____

Donation Amount:
\$25 \$50 \$75 \$100
\$250 \$_____ Other

To ensure your donation is credited
appropriately, please be sure to fill
out the pledge form in its entirety,
including the name of the climber
(in top right corner) that you are
sponsoring.

Payment Type:
____ Check (make checks payable to RHAMC)
____ Credit (MasterCard, VISA, Discover, Amex)
Card Number:

Expiration Date:

Signature:

**Completed pledge forms may be
sent directly to:**

Hustle Up the Hancock
Respiratory Health Association of
Metropolitan Chicago
1440 W. Washington Blvd.
Chicago, IL 60607

Thank you for your donation!



RESPIRATORY HEALTH ASSOCIATIONSM
of Metropolitan Chicago