PLEDGE PROGRAM COLLECTION FORM

This form may be duplicated

COLLECTOR _____

TEAM (if applicable) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ (EVE) _____

EMAIL _____

Donor's Name	Address	Amount

Total $ _____

- Prize for top money raiser.
- Please do not send cash through the mail.
- Pledge money should be received by **June 30, 2022** to qualify for top prize.

☐ Check here if you do NOT wish to receive the top prize if you are eligible.

Make checks payable to: CT Breast Health Initiative, Inc.
Mail to: CT BHI 185 Main St., New Britain, CT 06051

Money can be submitted on RACE Day at the Pledge Collection tent.

www.CTBHI.org
860-827-7103
info@ctbhi.org