



**New Race Location!**

**Medina Hospital**  
 a Cleveland Clinic hospital  
 1000 East Washington Street  
 Medina, OH 44256

Use this form to collect pledges from friends, family and co-workers. You can accept cash or check pledges and enter the information on this form. For every \$10.00 pledged, you will receive a ticket for a chance to win a basketball signed by LeBron James and the 2003 St. Vincent-St. Mary Championship Team.

**Make checks payable to: The Mary Grace Memorial Foundation (MGMF)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

|     | <b>Contributor</b> | <b>E-mail Address</b> | <b>Amount Pledged</b> |
|-----|--------------------|-----------------------|-----------------------|
| 1.  | _____              | _____                 | \$ _____              |
| 2.  | _____              | _____                 | \$ _____              |
| 3.  | _____              | _____                 | \$ _____              |
| 4.  | _____              | _____                 | \$ _____              |
| 5.  | _____              | _____                 | \$ _____              |
| 6.  | _____              | _____                 | \$ _____              |
| 7.  | _____              | _____                 | \$ _____              |
| 8.  | _____              | _____                 | \$ _____              |
| 9.  | _____              | _____                 | \$ _____              |
| 10. | _____              | _____                 | \$ _____              |
| 11. | _____              | _____                 | \$ _____              |
| 12. | _____              | _____                 | \$ _____              |
| 13. | _____              | _____                 | \$ _____              |
| 14. | _____              | _____                 | \$ _____              |
| 15. | _____              | _____                 | \$ _____              |
| 16. | _____              | _____                 | \$ _____              |
| 17. | _____              | _____                 | \$ _____              |
| 18. | _____              | _____                 | \$ _____              |
| 19. | _____              | _____                 | \$ _____              |
| 20. | _____              | _____                 | \$ _____              |

**TOTAL:**    \$ \_\_\_\_\_