



**Sunday, September 15th, 2019 9:00am**

**Race Location: Cleveland Clinic Medina  
1000 East Washington Street**

**Race Information  
Can Be Found @  
WWW.RACEWITHGRACE.COM**

**PLEASE BRING DONATIONS TO SURVIVOR TENT**

Pledge Leader: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Honoree's Name: \_\_\_\_\_

### Donors

	Last Name, First Name	Amount	Email Address	Paid
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____

If you can not attend the race, mail donations to: **Race with Grace**  
 Tax ID #25-1915054 **P.O Box #1822,**  
**Medina Ohio 44258**

 **Follow us on Facebook @Race with Grace**

Total Due = \$  Checks Payable to: **MGMF**