



Payable to:

LSNC

Mail to:

**Valentine Run
LSNC
517 12th St.
Sacramento, CA
95814**

LSNC is a 501(c)3
Tax ID # 94-1384659

Pledge Form/Credit Card Payment

Thank you for your support in helping me reach my fundraising goal of \$ _____ for this worthy cause. Your pledge is tax deductible. Please send your donations to me or to LSNC no later than **March 1st**.

RACE PARTICIPANT'S NAME _____

BIB # _____ **TEAM NAME (IF APPLICABLE)** _____

DONOR'S NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DONATION AMOUNT \$ _____ **Check** **Cash** **Credit Card** : Visa or Master Card
(CIRCLE ONE)

CREDIT CARD NUMBER: _____

NAME AS IT APPEARS ON CARD: _____

CARD EXP DATE: _____

SIGNATURE: _____ **DATE:** _____

PHONE: _____ **EMAIL:** _____

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