K.I.D.S. Foundation Presents - The Race for Innocence Pledge Program

8K/5K/1 Mile, Kids Fun Run/Walk

Donor Name	Donor Address	Amount

Last Name: _____ First Name: _____

Address/Apt. # _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Email: _____

PLEASE MAIL THIS FORM WITH PAYMENT TO: P.O. BOX 130185 TAMPA, FL 33681-0185 OR DROP OFF THE DAY OF THE RUN

Make checks payable in U.S. funds to: **K.I.D.S. Foundation**. For additional information call (813) 727-0786 between 9 a.m. and 5 p.m. (EST).