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SPONSOR PLEDGE FORM

My Name is: _____

Address: _____ **City**: _____ **State**____ **Zip** _____

My Fundraising Goal is: $_____

PLEDGE INSTRUCTIONS: Soliciting pledges is optional but highly encouraged, as is any corporate matching program. You are raising money towards Goals For Life, Inc.'s donation to two local breast cancer charities: "In The Pink", the breast cancer outreach, education and treatment program run through St. Michael's Medical Center in Newark, NJ and Casting for Recovery, a non-profit, support and educational program for women with breast cancer.

Goals For Life, Inc. is a 501c3, whose mission is to raise money for women's health initiatives. All checks should be made payable to Goals For Life, Inc.

Sponsor's Name	Donation	Amount Received