



PLEDGE FORM for _____
(Please include Full Name and Phone Number)

11th Annual Hike for Life, Sunday, May 21, 2017: **3 Mile** **5 Mile** **11 Mile** **28 Mile**

Name (Please Print)	Address & Email	Pledge Amount	Check #	Cash Amount
<i>Jane Lifesaver</i>	<i>123 Donate Street, Sponsor, NY 11223 / SL@yahoo.com</i>	<i>\$25.00</i>		
+\$35 HFL17 HIKER REGISTRATION FEE (\$50 starting 5/21; \$10 Child/Student)				
=TOTAL AMOUNT TO SUPPORT HFL17				

Please write checks to: **“New York Blood Center”** with **HFL17** (Hike for Life 2017) on the memo line.
 Mail a copy of the pledge form and financial contributions to:
Attention: Development, **New York Blood Center**, P.O. Box 419354, Boston, MA 02241-9354

OR: To register for the hikes & donate online, visit: <http://www.nybloodcenter.org/support-us/hikeforlife/>
Entry fee of \$35 per hiker(\$10 Child/Student) is the same for all hike distances (\$50 day of 5/21, \$15 Child/Student)

For financial contribution questions, please email: nbarnofsky@nybc.org or call Natalie (516) 478-5006
 For hiking questions, email: hikegreenbelt32@yahoo.com or visit <http://groups.google.com/group/hike-greenbelt-32>

All proceeds raised help fund NYBC’s lifesaving mission through scientific research, medical education & community outreach.
Thank you for your support!