

# CNS Annual Stomp Out Stigma **5k**



## Pledge Form

Please Print Clearly

Individual     Team    Team Name: \_\_\_\_\_

Last Name:		First Name:		
Address:	City:	State:	Zip:	
Phone:		E-mail:		

**\*\*Pledges will be collected on the day of the race\*\***

**\*\*All donations are tax deductible\*\***

Sponsor Name	Address	Total Pledge	Amount Paid	Balance
<b>Total</b>				



Please make checks payable to:  
**Community Network Services Foundation**  
 38855 Hills Tech Drive  
 Farmington Hills, MI 48331



For more information please contact Amy Yashinsky  
 (248) 871-1403 . ayashinsky@cnsmi.org

