LAPS FOR LIFE

kids helping St. Jude kids

Pledge Form

NAME OF STUDENT: _____

Please make checks payable to St. Jude.

TEACHER: _____

Date Collected	Name of Donor	Phone	Pledge Amount
		TOTAL	$

St. Jude Run Office
4722 N. Sheridan Rd.
Peoria, IL 61614

Parent Signature: _____ **Date:** _____

Donations benefit St. Jude Children's Research Hospital.