



PEAK CHALLENGE 2009
PLEDGE FORM
AUGUST 1 & 2, 2009



SUPPORTER/LEADER NAME
PHONE
ADDRESS STATE ZIP
EMAIL

DONATION PLEDGE FORM (Please print legibly - addresses are necessary for proper acknowledgement)

DONOR
ADDRESS
CITY/STATE/ZIP
HOME PHONE
WORK PHONE
EMAIL ADDRESS
AMT. PLEDGED AMT. PAID

DONOR
ADDRESS
CITY/STATE/ZIP
HOME PHONE
WORK PHONE
EMAIL ADDRESS
AMT. PLEDGED AMT. PAID

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AMT. PLEDGED AMT. PAID

All checks MUST BE made payable to Griffith Centers for Children and received by September 1, 2009. Please return this form with your collected pledges to: Griffith Centers for Children/14142 Denver West Pkwy, Suite 225/Lakewood, CO 80401 303-237-6865 x10 100% of Contributions are Tax Deductible www.griffithcenters.org