



Pledge Form

___ **Yes**, I want to make a pledge to the "Brendan's Buddies" team to help purchase needed equipment for the UMass Memorial NICU.

All pledges for marathons are per mile run by **Brendan's Buddies**
example: \$10 per mile run (full 26 mile course = \$260)

Please accept my pledge as follows:

___ **\$50** (per mile) ___ **\$25** (per mile) ___ **\$20** (per mile)
___ **\$10** (per mile) ___ **\$5** (per mile) ___ **\$1** (per mile)

I prefer to simply make a contribution in the amount of \$ _____

Name: _____

Address: _____

Telephone: _____

Email: _____

VISA /Mastercard No.: _____ Expiration Date: _____

If you prefer, fax your pledge to (508) 770-0241

Thank you for your Support!

Please make all checks payable to:

Children's Medical Center/NICU – UMass Memorial Hospital
c/o Brian K. Carroll
Small Business Insurance Agency, Inc.
542 Main Street
Worcester, MA 01608