



COUNT ME IN!

I would love to participate in the

VIRTUAL ROBBIE MILES MEMORIAL RUN / WALK

I am participating as a:

MARATHON RUNNER

I'd like to donate
\$_____monthly.

5K RUNNER
\$100

1 MILE RUNNER
\$50

5K WALKER
\$75

1 MILE WALKER
\$25

Name _____

Address _____

Phone _____ E-mail _____

Payment Method:

I am a Marathon Runner - please follow up with an authorization form to debit my account monthly.

My check is enclosed. (Please make checks payable to Calvert Hospice)

I prefer to use my credit/debit card. Please charge my payment(s) to:

Visa MasterCard American Express Discover

Card # _____ Expiration Date _____