



PLEDGE COLLECTION FORM

Your tax-deductible donation will support me in the TopCoder Charity Challenge benefiting the Christopher Reeve Paralysis Foundation. **100% of your donation will go directly to the Foundation.** Checks should be made payable to Christopher Reeve Paralysis Foundation. Please put the competitors name and/or handle in the memo line.

Competitor's Information

Name: _____ Address: _____
Handle: _____ City/State/Zip: _____

#	Sponsor Name	Address/City/State/Zip	Telephone	Pledge	Collected
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

The competitor is responsible for collection of all funds. If mailing collected checks to TopCoder, they must be received by November 10th. **Mail to: CRPF Challenge, c/o TopCoder, 703 Hebron Ave, Glastonbury, CT, 06033.**

All donations must be made by credit card or check. Do not send cash to TopCoder.

