

SOS WALK PLEDGE FORM

Our purpose is to make our voices heard. This year 2010 is a historic year as we acknowledge the 100th anniversary of the Documentation of Sickle Cell Disease in Western Literature. Join us in a 5K Walk/Run as we walk from Freedom Plaza, Washington, DC on Saturday, September 18, 2010 to bring awareness to the disease for which there is still no universally available cure. Sickle cell disease is an inherited blood disorder that causes severe pain crisis, organ damage and death. It affects millions of people around the world. In the United States it most commonly occurs in people with African ancestry. This collaborative walk is like no other consisting of your community organizations, local medical institutions that are dedicated to support and advocate for persons and families coping with the challenges of sickle cell disease. It is our mission to raise awareness through education, outreach and provide patient support. Your donation will fund these efforts. For more information, visit our website at: www.soswalk.org or contact us at 202-865-4443.

STATEMENT OF INTENT

I/We _____, do hereby make this statement of intent to join the 2010 Stomp Out Sickle Cell Walk/Run - 5K SOS WALK through this pledge to advocate and raise awareness for those coping with challenges of sickle cell disease. We pledge to contribute \$_____ total pledge of \$_____ beginning ____/_____, according to the following payment schedule:

Please register online at: www.soswalk.org or mail check to: **Faces of Our Children/SOS Walk, P.O. Box 2946, Landover Hills, MD 20784 -0946**

Special Instructions: _____

My/My spouse(s) company is a matching gift organization:

Company/person's Name: _____:

I/We understand that this pledge may be adjusted, should circumstances demand.

Statements of intent are not legally binding

Printed Name: _____

Signature: _____

Address _____

City/State/Zip _____

E-mail address _____

Day Phone _____

Evening Phone _____

Date: _____