



2010 TEAM COLETTA PLEDGE FORM

Team Coletta Runner: _____

YES! I will support the Team Coletta member (listed above) who is running on behalf of children and adults with developmental disabilities.

Name _____

Address _____

City _____ State _____ Zip _____

MY DONATION IN THE AMOUNT OF \$ _____ IS ENCLOSED.

___ Check or Money Order (Please make checks payable to the St. Coletta's of Illinois Foundation.)

___ Visa / MasterCard / Discover # _____ Exp. _____

Signature _____

Cardholder Name _____

(please do not send cash)

_____ My company will match this contribution. The completed form is attached.

In accordance with the Internal Revenue Code, your donation to St. Coletta's is 100% tax deductible.

St. Coletta's of Illinois Foundation
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website: www.stcolettall.org email: events@stcolettall.org

The St. Coletta's of Illinois Foundation provides support and funding for special needs individuals in the areas of: Residential Care, Educational Programs, Medical Care, Vocational Services and Specialized Facilities, without regard to race, religion or economic background.