# ONE STEP CLOSER TO THE CURE

## 5K RUN/WALK/OBSTACLES

## Pledges In Memory or Honor of _____

Please make checks payable to CMOCF. You may turn in your pledge form and total amount received at the check-in tent the morning of the race. Thank you for supporting the fight against ovarian cancer!

*Please note: The full address of each donor, including zip code, must be listed below or the donor will not receive acknowledgment of his or her contribution.*

| Name | Address | Amount |
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