



Personal Pledge Sheet Sponsorship for
Saint Lucia Cancer Society Relay For Life 2024

Participant Name: _____

Personal Goal: _____ Hours _____ Minutes

Name	Phone #	Pledge Choices (Please check one)				
		\$20	\$15	\$10	\$5	OTHER
TOTAL COLLECTED						\$

Participant’s Reason to RELAY: _____

(PLEASE SUBMIT TO THE OFFICE BY THURSDAY FEBRUARY 1ST 2024)