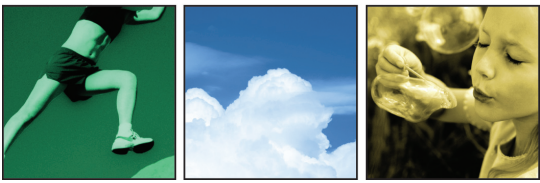


R A C E A G A I N S T P H



We invite you to participate in the **Race Against PH Pledge Program** by raising money as a pledged runner or walker. Ask your employer, co-workers, relatives, friends, neighbors and local service groups to sponsor you in this event. As a race participant, you are not required to raise pledges.

Please make checks payable to **Stanford/Race Against PH**. Pledges are 100% tax deductible. All pledges over \$10 will receive a donation letter for tax purposes. Tax receipt will be made out to the name printed on the check. Proceeds from the event benefit the Ewing Family Fund for PH Research at Stanford and the Vera Moulton Wall Center for Pulmonary Vascular Disease. The Vera Moulton Wall Center provides programs and services for PH patients at Stanford University and through support of the Pulmonary Hypertension Association.

Participant Information

Last Name _____ First Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____

- Enclose Checks only - **NO CASH**
- Pledge form should list only donations enclosed
- No second party checks please
- Pledge form & pledges may be handed in on race day - **November 1, 2009**
- To collect donations online, go to:
www.active.com/donate/phrace09

Name:	Address:	Amount:
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TOTAL: