



3033 Wilson Blvd., Suite 630, Arlington, VA 22201 800-959-TAPS \* 202-588-TAPS (8277) \* www.taps.org

## TEAM TAPS 2017 TCS NEW YORK CITY MARATHON

Benchmark Fundraising Dates: June 30, 2017 & September 1, 2017

•	I agree to raise a minimum of \$2,620.00 (US funds) by September 1, 2017. Initials		
•	If I have not submitted at least one-half of the minimum pledge of \$1,310.00 US funds by 5pm EST on June 30, 2017, my credit card will be charged for the amount of \$1,310.00, less any amount received from my donors by that cutoff time and date. I will be made aware of the final amount charged to my card before the transaction is made. Initials		
•	If I have not submitted at least one-half of the remaining minimum pledge of \$1,310.00 US funds by 5pm EST on September 1, 2017, my credit card will be charged for the balance due of \$1,310.00, less any amount received from my donors by that cutoff time and date. will be made aware of the amount to be charged to my card before the transaction is made. Initials		
•	The amount ultimately charged to your card will be considered a donation to charity and we will send you confirmation of this donation for tax purposes.		
My	personal fundraising goal is (minimum \$2,620.00):		
ca TA ob	a Team TAPS member, I will serve as an ambassador for Team TAPS and in no official pacity as an employee, consultant, and talent or otherwise, unless directly asked by Team PS to serve in that capacity. If asked to serve, it does not supersede my conduct, or ligations that I agree to here in this agreement. Misrepresentation of myself as an apployee or consultant will be grounds for immediate removal from the team.		

As a team member I will be mindful that I am representing Team TAPS and will conduct myself accordingly.

I understand and agree that all funds raised as a team member will go to the Team. If for any reason, I do not participate in the event I have raised funds for, those funds are non-transferrable and non-refundable and remain donations to Team TAPS.

I will also not hold Team TAPS or any of their representatives, responsible for any injuries either during training or during the marathon, and am running of my own free will.

Signature:	 Date:	
Print Name:		

I have read the above and understand the fundraising benchmarks, due dates and conduct

guidelines. I agree to these Team TAPS terms.

## **Thank You for Your Support!**

Initial, sign, date and email to: <a href="mailto:teamtaps@taps.org">teamtaps@taps.org</a>

**TAPS** 

Remember the Love, Celebrate the Life, Share the Journey

Tragedy Assistance Program for Survivors, Inc. \* 501(c)(3) Non-Profit Corporation \* Tax ID# 92-0152268

Caring for the families of America's Fallen Heroes since 1994.