

Walkers: Use this form to collect pledges from co-workers, friends and families.

Support a Great Cause

There is no place like Rady Children's Hospital-San Diego. We are the safety net hospital for our children. As a non-profit hospital, community support is vital. It allows us to provide a total healing environment for our patients.



We care for more than 143,000 sick and injured children including tiny babies in our Neonatal Intensive Care Unit, children and teens suffering with cancer, kids

receiving lifesaving services in our emergency department, and many other serious illnesses and injuries. These children will not get to play with their friends this fall; they will be spending their days and nights in the hospital. Our team of caring doctors and nurses are dedicated to helping ease their pain and suffering so that they will be able to return home to their family and friends.

Rady Children's is a special place where stars twinkle at night indoors; where mimes, musicians and storytellers comfort our patients; and where sick children smile when you think they couldn't. Here, children always come first.

Rady Children's Hospital San Diego

Cost of Equipment & Services:

- 1 Arm X-Ray = \$40
- 1 Arm Cast = \$75
- 1 Speech Therapy Visit = \$100
- 1 Physical Therapy Visit = \$100
- 1 Children's IV Pole = \$175
- 1 Round of Chemotherapy = \$320
- 1 Patient Wagon for Pulling Kids = \$375
- 1 Specialized Wheelchair = \$1,750
- 1 Standard Patient Bed = \$3,700
- 1 Intensive Care Unit Warmer = \$7,599
- Operating Rady Children's Hospital for one day = \$950,712



All monies raised through this pledge program will directly benefit Rady Children's Hospital-San Diego and the children and families they serve.

All donations are tax deductible.

Cut ✂ and submit with checks

SeaWorld Shamu & You Family Walk for Rady Children's Official Pledge Collection Sheet

Please Print. Okay to photocopy this form.

Walker's Full Name: _____ Day phone: (_____) _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Team Name (if applicable): _____

Sponsor's Full Name:	Pledge \$	Sponsor's Full Name:	Pledge \$
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

Mail pledges with completed pledge sheet(s) to: Rady Children's Hospital Foundation. C/O In Motion: 6116 Innovation Way, Carlsbad, CA 92009 or turn in on event day. All pledge money must be received by November 6, 2009 to be eligible for pledge prizes. **Make checks payable to: Rady Children's Hospital Foundation**

TOTAL AMOUNT COLLECTED ON THIS SHEET: