

My Goal Is:

- \$ 200
- \$ 300
- \$ 500
- \$ 1,000
- _____

SPONSOR PLEDGE FORM

Walker's Name: _____
 Address: _____ Zip: _____
 Phone Number: _____
 E-mail: _____
 Church or Group: _____

I am an/a: Adult Teen Child

Please **PRINT All Information** and **Indicate the Total Pledge** desired.

FOR OFFICE USE ONLY

| | |
|--|--|
| | |
| | |

FIRST _____ LAST _____

ADDRESS _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

\$20 \$30 \$50 \$100 Other\$ _____ BILL ME OR PAID CASH CHECK

FIRST _____ LAST _____

ADDRESS _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

\$20 \$30 \$50 \$100 Other\$ _____ BILL ME OR PAID CASH CHECK

FIRST _____ LAST _____

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Please remember the ZIP CODES!

Total pledges on this sheet. \$ _____