

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 Pastor

Please PRINT All Information and Indicate the Total Pledge Desired

FOR OFFICE USE ONLY	

FIRST	LAST	
ADDRESS		
APT#		
CITY	ST	ZIP CODE
<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ <input type="checkbox"/> BILL ME OR PAID <input type="checkbox"/> CASH <input type="checkbox"/> CHECK		

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Please remember the ZIP CODES!

Total pledges on this sheet. \$ _____