

SPONSOR PLEDGE FORM

My Goal Is:

- \$ 250
- \$ 350
- \$ 500
- \$ 1,000
- _____

Walker's Name: _____

Address: _____ Zip: _____

Phone Number: _____

E-mail: _____

Church/Group/Team: _____

I am an/a: Adult Teen Child

FOR OFFICE USE ONLY	

PRINT All Information and Indicate the Total Pledge.

FIRST _____ LAST _____

ADDRESS _____ CITY _____

ST _____ ZIP _____ PHONE _____

\$25 \$30 \$50 \$100 Other\$_____ BILL Me OR PAID CASH CHECK

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ST _____ ZIP _____ PHONE _____

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Please remember the ZIP CODES!

Total pledges on this sheet. \$ _____