

SPONSOR PLEDGE FORM

My Goal Is:

- \$ 50
- \$ 100
- \$ 200
- \$ 500

Walker/Runner Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Team (optional): _____

Please only use ballpoint pen.

First		Last	
Address		City	
ST	Zip	Phone	
Email			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$25	\$50	\$75	\$100
<input type="checkbox"/> Other \$ ____		<input type="checkbox"/> Bill Me	<input type="checkbox"/> Paid

First		Last	
Address		City	
ST	Zip	Phone	
Email			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$25	\$50	\$75	\$100
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Office Use: Total Paid \$ _____ Total to Bill \$ _____ Total Raised \$ _____