

Sponsor Pledge Form

Name of Walker: _____ Shirt -Size _____
 Address: _____
 City State, Zip Code: _____
 Phone Number: _____
 Email: _____
 Church or Group: _____



WILL BILL FOR \$10 OR MORE

| | | | |
|--|---------|----------------|----------|
| Sponsor's Name | Address | City and State | Zip Code |
| _____ | | | |
| Amount Pledged: <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ | | | |
| <input type="checkbox"/> Paid Cash <input type="checkbox"/> Paid Check <input type="checkbox"/> Bill Me | | | |
| Sponsor's Name | Address | City and State | Zip Code |
| _____ | | | |
| Amount Pledged: <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ | | | |
| <input type="checkbox"/> Paid Cash <input type="checkbox"/> Paid Check <input type="checkbox"/> Bill Me | | | |

I release this organization from any liability for this event.

Signature

| FOR OFFICE USE ONLY | | | |
|---------------------|------|-------|---------|
| ONLINE | CASH | CHECK | BILL ME |

Total raised this page: \$ _____

WILL BILL FOR \$10 OR MORE

| | | | |
|---|---------|----------------|----------------|
| Sponsor's Name | Address | City and State | Zip Code |
| _____ | | | |
| Amount Pledged: ___\$10 ___\$20 ___\$50 ___\$100 ___Other \$___ | | | |
| | | ___ Paid Cash | ___ Paid Check |
| ___ Bill Me | | | |

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| Sponsor's Name | Address | City and State | Zip Code |
| _____ | | | |
| Amount Pledged: ___\$10 ___\$20 ___\$50 ___\$100 ___Other \$___ | | | |
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| ___ Bill Me | | | |

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|---------------------|------|-------|---------|
| FOR OFFICE USE ONLY | | | |
| ONLINE | CASH | CHECK | BILL ME |

Total raised this page: \$ _____