



Walk & 5k Run FOR LIFE – SPONSOR PLEDGE FORM

I am registering as a:

- WALKER
- RUNNER

Name of Participant: _____

Address: _____

Are you on a team:

- YES
- NO

City, State, Zip: _____

Phone: _____ Email: _____

Age Group:

- CHILD (12 and under)
- YOUTH (13-17)
- ADULT (18 and over)

Church or Group: _____

Team Name: _____ Captain's Name: _____

WILL BILL FOR \$10 OR MORE

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			
SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			
SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			
SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			
SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			
SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			
SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			
SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			
SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

SPONSOR'S NAME	ADDRESS	CITY/STATE	ZIP CODE

Amount Pledged: ___ \$10 ___ \$20 ___ \$50 ___ \$100 ___ Other \$___ ___ Paid Cash ___ Paid Check ___ Bill Me			

I release this organization from any liability for this event
 _____ DATE: _____

Heartbeat Hope Medical can use, reproduce or circulate my photo
 _____ DATE: _____

FOR OFFICE USE ONLY			
ONLINE	CASH	CHECK	BILL ME

TOTAL RAISED: _____