

Sponsor Pledge Form

My Goal is: \$150.00 or more
in pledges to have the entry
fee waived.

Walkers / Runners Name : _____

Address : _____

Phone # : _____

Team or Group : _____

Please print all information and indicate the total pledge desired

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____

Name _____
Address _____
Phone _____
Amount pledged _____
Paid \$ _____