



2017 Walk of Care Pledge Form

PLEASE PRINT CLEARLY

Tax receipts will be provided with a minimum pledge of \$10. Please indicate below if receipt is required.

Registrant's Name Equal Partner Name (if applicable)			
Sponsor's Name	Mailing Address (Street, House/Apt.#, City, Postal Code)	Telephone	Amount Pledged (\$)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
TOTAL DONATIONS SUBMITTED:			\$