





## SPONSOR PLEDGE FORM

WALKER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ Email \_\_\_\_\_

ADDRESS \_\_\_\_\_ CHURCH OR GROUP \_\_\_\_\_ Child  Adult  Teen

**Please PRINT all information & indicate total pledge amount**

MY GOAL IS: \$200 \$300 \$500 \$1,000 \_\_\_\_\_

TOTAL PLEDGES THIS SHEET: \_\_\_\_\_