



2018 SPONSOR PLEDGE FORM

WALKER'S NAME _____ PHONE _____ Email _____

ADDRESS _____ CHURCH OR GROUP _____ Child Adult Teen

Please PRINT all information & indicate total pledge amount

FIRST & LAST NAME	ADDRESS <small>(Street, Apt, City, State, Zip Code)</small>	PHONE	EMAIL	CASH/CHK BILL ME	Amount

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

TOTAL PLEDGES THIS SHEET: _____