



WILLIAM BOOTH LEGAL AID CLINIC

Walk for Justice

Registration and Pledge Form

Name _____

Address _____
(Street) (City) (State) (Zip)

Phone _____

Email _____

Number of Children Attending _____


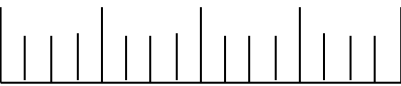
Additional Walker _____
(Name)

Additional Walker _____
(Name)

PLEDGES : Prize will be given to the walker who has the highest pledge total.

(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)

May use additional sheets if necessary

<p>All Checks Must Be Made Payable To: William Booth Legal Aid Clinic</p> <p>All Pledges Must Be Turned In The Morning Of The Event</p> <p>Registration Amt. \$ _____ (\$40 x Walkers) Other Donation \$ _____ TOTAL \$ _____</p> <p>Expiration Date _____ CVV _____ Signature _____</p>	 	<p>PLEASE MAIL REGISTRATION TO: WBLAC 3737 LAWTON DETROIT, MI 48208</p> <p>FOR MORE INFORMATION (313)361-6340 WalkForJustice.org info@WalkForJustice.org</p>
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