Your Name: _____

___I'm walking or running in a team Team Name: _____

Check-in begins at 7:30 a.m. and the Walk/Run begins at 9:00 a.m. from Lisman Landing, 37 Helwig St. in Milford. Ask family, friends, co-workers to sponsor you by making a donation. Fill in the donor's name, address, and the donation amount. All pledge money should be collected before the day of the event and turned in when you check in on Saturday, October 26th.

If you prefer, we are happy to make arrangements to collect donations from you in advance. Please make checks payable to either Milford Trick or Trot **or** Beth-El Center (*with Milford Trick or Trot in the Memo line*).

The event will be held rain or shine. Please contact Maria Tomasetti, atomasetti@snet.net or 203-988-8598 (cell phone – voice or text). Thank you for supporting the 8th Annual Milford Trick or Trot to benefit Beth-El Center.

Donor Name	Address and Phone Number	Amount of Donation

Total _____

Beth-El Center, Inc

support • hope • change

8th Annual Milford Trick or Trot
to benefit Beth-El Center in Milford, CT
Saturday, October 26, 2019
Pledge Sheet for Faith Communities

Name: _____

Team Name: _____

Your Address: _____

_____

Phone (day): _____

Phone (evening): _____

Important Note: All participants must complete the Milford Trick or Trot Registration Form since it includes the waiver of liability. Thank you.