## PLEDGE GOAL SPONSOR PLEDGE FORM OFFICE USE \$2,500 Walker's Name: Address: Zip: Phone Number: I am an/a: \$150 E-mail: Adult Adult Church/Group/Team: Teen PLEASE PRINT ALL INFORMATION AND INDICATE TOTAL PLEDGE. Child FIRST CITY **ADDRESS ADDRESS** CITY ZIP PHONE ST 7IP PHONE EMAIL EMAIL \$25 \$50 \$100 Other\$ BILL ME or PAID Cash Check \$25 \$50 \$100 Others BILL ME or PAID Cash Check FIRST LAST ADDRESS CITY **ADDRESS** PHONE PHONE EMAIL EMAIL \$25 \$50 \$100 Other\$ BILL ME or PAID Cash Check \$25 \$50 \$100 Other\$\_ BILL ME or PAID Cash Check ADDRESS: CITY ADDRESS CITY PHONE PHONE EMAIL \$25 S50 S100 Others BILL ME or PAID Cash Check \$25 \$50 \$100 Other\$ BILL ME or PAID Cash Check ADDRESS CITY ADDRESS CITY PHONE PHONE \$25 \$50 \$100 Other\$ BILL ME or PAID Cash Check S25 S50 S100 Others BILL ME or PAID Cash Check LAST CITY ADDRESS CITY **ADDRESS** ST PHONE PHONE BILL ME or PAID Cash Check BILL ME or PAID Cash Check \$25 \$50 \$100 Other\$ \$25 \$50 \$100 Other\$ LAST FIRST FIRST CITY CITY ADDRESS **ADDRESS** ZIP PHONE ST PHONE ST BILL ME or PAID Cask Check \$25 \$50 \$100 Other\$ BILL ME or PAID Cash Check \$25 \$50 \$100 Other\$