



2018 PLEDGE FORM



RED SHOE CHALLENGE – WHO WILL YOU WALK FOR?

PARTICIPANT NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE #: _____ EMAIL: _____

**AWARD: 2 NIGHT STAY AT LOCAL RESORT
 WALKER WITH MOST \$\$\$\$ PLEDGED**

*Please bring this form with you day of event

HOW TO RAISE \$500 IN 5 DAYS:

- DAY 1: Ask 3 family members to sponsor you for \$25
- DAY 2: Ask 10 friends to donate \$10
- DAY 3: Ask 5 co-workers to sponsor you for \$20
- DAY 4: Email 15 people and ask for a \$10 donation
- DAY 5: Ask your company for a \$75 donation

SPONSOR NAME	EMAIL	TELEPHONE	PLEDGE	CASH	CHECK	CREDIT CARD
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

Total \$

*Please make all checks payable to Women Helping Women
 Proceeds Go to Women Helping Women West Maui Task Force Client Assistance Fund