



# Walk for Life Pledge Sheet

Please Print Clearly!

Walker Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

First & Last Name	Email or Address	\$	Payment Type	Paid
<b>This Sheet Total</b>			<b>\$</b>	

Please collect donations PRIOR to the walk. Only pledges of \$20 or more with complete information will receive an income tax receipt.

