

# Pledge Form

WALKER/RUNNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I AM A(n):  ADULT  TEEN  CHILD

Please PRINT all information and make sure to indicate the total donation.

Total Donations  
on this sheet:

\$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

\$25  \$30  \$50  \$100  Other \$ \_\_\_\_\_

Bill Me  Paid  Cash  Check

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

\$25  \$30  \$50  \$100  Other \$ \_\_\_\_\_

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