

WALK FOR LIFE - SPONSOR PLEDGE FORM

1910 East Bay Dr, Largo, FL 33771 • Phone: 727-216-1410 x 402 Fax: 727-216-1411

Walker's Name _____

PLEASE BRING THIS PLEDGE FORM & ANY ONLINE FORMS WITH YOU TO ONE OF THE WALK SITES ON WALK DAY (OR MAIL TO ABOVE ADDRESS).

Address _____ Phone _____

Your Fund-raising Goal: \$ _____

City _____ St _____ ZIP _____ E-mail _____

1: Total Pledged: \$ _____

Team _____ Church/Org _____

2: Total Paid: \$ _____

3: Total Raised: (1+2): \$ _____

If "Bill Me Later", Address is Required

Make Checks Payable To: Walk For Life

Please Print Clearly

This is a single, tax-deductible donation - NOT a per-mile pledge. Need more info? Visit iwalkforlife.com for tips and FAQs or text "WFL" to 797979 (standard messaging rates apply)

Name _____ Phone _____

Address _____

City _____ State _____ ZIP _____

E-mail _____
(to opt-in to e-mail communications)

Paid Cash Paid Check Paid Online Bill me later \$25 \$50 \$100 Other \$ _____

Name _____ Phone _____

Address _____

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