



# Walk for Life Pledge Sheet

Walker Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Please Print Clearly!**

First & Last Name	E-mail 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.**

### Please Print Clearly!

<b>First &amp; Last Name</b>	<b>E-mail</b>	<b>\$</b>	<b>Payment Type</b>	<b>Paid ✓</b>
<b>This Sheet Total</b>			<b>\$</b>	

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