

Sponsor Pledge Form - Extra Pages

Walker Name _____

First		Last	
Address			
City		ST	Zip
Phone			
<input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$____			
<input type="checkbox"/> BILL ME <input type="checkbox"/> PAID: <input type="checkbox"/> Cash <input type="checkbox"/> Check			
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