

WALK FOR LIFE PLEDGE FORM

ALL GIFTS ARE TAX DEDUCTIBLE
PLEASE MAKE CHECKS PAYABLE TO ALTERNATIVES

Walker's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Church/Organization: _____

Check One: Adult Teenager Child (12 and under) Family (Total #) _____

Release: To participate in Walk For Life, you must sign the following: In consideration of the acceptance of this entry, I waive all claims for myself and my heirs against Alternatives for any injury or illness which may result directly or indirectly from my/our participation. I further state that I/we am/are in the proper physical condition to participate in this event.

SIGNED (Parent/Guardian if under 18) _____ **DATE** _____

MY GOAL IS:

- \$250 \$1,000
 \$500 \$1,000+

Total pledged:

\$ _____

Total collected:

\$ _____

FOR OFFICE USE ONLY

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____ Pledge: \$ _____
Paid: Cash Check # _____ Online Bill Me

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____ Pledge: \$ _____
Paid: Cash Check # _____ Online Bill Me

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____ Pledge: \$ _____
Paid: Cash Check # _____ Online Bill Me

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____ Pledge: \$ _____
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City/State/Zip: _____
Email: _____
Phone: _____ Pledge: \$ _____
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City/State/Zip: _____
Email: _____
Phone: _____ Pledge: \$ _____
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Email: _____
Phone: _____ Pledge: \$ _____
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