

LIFE-A-THON SPONSOR PLEDGE FORM

My Goal Is:

- \$ 300
- \$ 500
- \$ 750
- \$ 1,000
- \$ _____

Participant's name: _____
 Complete Address: _____
 Phone: _____
 E-mail: _____
 Church: _____
 I am an/a: ___ Adult ___ Teen ___ Child

Please PRINT ALL information and indicate the total pledge desired.

Waiver of Liability: In consideration for participating, the undersigned, or any personal representative, shall not make claims against, maintain an action against, or recover from WELS Lutherans for Life for any injury, loss, damage, or death resulting from my participation in this event. Further, if the participant is under eighteen (18) years of age, on behalf of myself and any other parent or guardian of my child, I hereby release, indemnify and hold harmless WELS Lutherans for Life from all liability for any loss or injury, including death, my child may suffer while participating as a result from participation in this activity. Additionally, I hereby authorize the use of my photo or likeness, regardless of media, by WELS Lutherans for Life.

Signature _____

Printed Name _____

Date _____

NAME _____
 ADDRESS _____
 C/S/ZIP _____
 PHONE _____
 E-MAIL _____
 \$20 ___ \$30 ___ \$50 ___ \$100 ___ other\$ _____
___ BILL ME OR PAID ___ CASH ___ CHECK

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Please remember the ZIP CODES!

Total pledges on this sheet. \$ _____

