N/ C 11	LIEE-A-THON	SPONSOR PLEDGE FORM
My Goal Is:		SPONSOK I LEDGE I OKW
	Participant's name:	
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\Box D \Box D \Box	am an/a: Adult	
		n and indicate the total pledge desired.
Waiver of Liability: In against, maintain an action from my participation in other parent or guardian of for any loss or injury, includitionally, I hereby authorosignature	n consideration for participating, the participating of against, or recover from WELS of this event. Further, if the participation of my child, I hereby release, independent of the participation of	the undersigned, or any personal representative, shall not make claims Lutherans for Life for any injury, loss, damage, or death resulting in the is under eighteen (18) years of age, on behalf of myself and any minify and hold harmless WELS Lutherans for Life from all liability while participating as a result from participation in this activity. Adsp., regardless of media, by WELS Lutherans for Life. Printed Name Date
Name		Name
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E-MAIL	\$100 other\$	E-MAIL
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	ber the ZIP CODES!	Total pledges on this sheet. \$

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BILL ME OR PAIDCASHCHECK Please remember the ZIP CODES!	BILL ME OR PAIDCASHCHECK Total pledges on this sheet. \$