

# SPONSOR PLEDGE FORM

## My Goal Is:

- \$ 200
- \$ 300
- \$ 500
- \$ 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.*

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. \$ \_\_\_\_\_