

MY GOAL IS:

- \$250
- \$350
- \$500
- \$1000
- \$ _____



Sponsor Pledge Form

Participant Name: _____
 Address: _____
 Phone Number: _____
 Email: _____
 Group/Team: _____
 Event: 1-mile Walk-a-Thon 5k Fall Fun Run
 PRINT All Information and indicate the Total Pledge.

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

FIRST	LAST	PAID <input type="checkbox"/>
ADDRESS		PHONE
CITY	STATE	ZIP
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$ _____ <input type="checkbox"/> BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____		

Please remember zip codes! Total pledges on this sheet: \$ _____
 164 E. Main Street | 740-869-2453 | mounsterlingcc.org | mounsterlingcc@gmail.com