

WALK ONLY Pledges Paid In Full

Year: _____

Child (3-12)

Youth/Teen (13-17)

Adult 18+

My GOAL Is:

\$ _____

Please **PRINT**
information & indicate
the total pledge desired

Walker's Name: _____

Address: _____ ZIP: _____

Phone: _____ Email: _____

Church: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$25 \$50 \$100 Other \$ _____ Monthly Giver

Check # _____ Cash

This side total: \$ _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
\$25 \$50 \$100 Other \$_____ Monthly Giver
Check # _____ Cash

Amount from GREEN sheet (cash & checks): \$ _____
Amount from BLUE sheet (to be billed): \$ _____
TOTAL of both GREEN & BLUE sheets: \$ _____
TOTAL number of SPONSORS from both sheets: _____

Thank You!

For forms or help call 252-446-2273
 Your Choice Resource Center
 400 Sunset Ave. Rocky Mount, NC 27804