WALK ONLY Pledges Paid In Full Youth/Teen (13-17) Adult 18+ Child (3-12) My GOAL Is: Walker's Name: Address: _____ ZIP: _____ Please **PRINT** information & indicate Phone: _____ Email: _____ the total pledge desired Church: Address: _____ Address: City: _____ State: ____ Zip: ___ City: _____ State: ____ Zip: ____ □\$25 □\$50 □\$100 □Other \$____ □Monthly Giver □\$25 □\$50 □\$100 □Other \$_____ □Monthly Giver ☐ Check # _____ ☐ Check # _____ ☐ Cash ☐ Cash Name: ____ Name: Address: Address: _____ City: _____ Zip: _____ City: _____ State: ____ Zip: ____ □\$25 □\$50 □\$100 □Other\$ □Monthly Giver □\$25 □\$50 □\$100 □Other \$_____ □Monthly Giver ☐ Check # _____ ☐ Cash ☐ Cash Name: _____ Address: City: _____ State: ____ Zip: ____ City: _____ State: ____ Zip: ____ □\$25 □\$50 □\$100 □Other \$_____ □Monthly Giver □\$25 □\$50 □\$100 □Other \$_____ □Monthly Giver ☐ Check # _____ ☐ Check # _____ ☐ Cash ☐ Cash Name: Address: Address: _____ City: State: Zip: City: _____State: _____ Zip: _____ □\$25 □\$50 □\$100 □Other \$____ □Monthly Giver □\$25 □\$50 □\$100 □Other \$____ □Monthly Giver ☐ Check # _____ ☐ Check # _____ ☐ Cash ☐ Cash Name: Name: _____ Address: Address: ____ _____State: _____ Zip: _____ City: _____State: _____ Zip: _____ □\$25 □\$50 □\$100 □Other \$ □Monthly Giver □\$25 □\$50 □\$100 □Other \$ □Monthly Giver ☐ Check # _____ ☐ Check # _____ ☐ Cash ☐ Cash Name: ___ Address: This side total: \$ State: _____ Zip: ____ □\$25 □\$50 □\$100 □Other \$_____ □Monthly Giver

☐ Check # _____

☐ Cash

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☐ Check #		ос	ash	☐ Check #			Cash
Amount from GREEN sheet (cash & checks): \$						Th	ank You!
Amount from	: \$			For forms or h	nelp call 252-446-2273		
						Your Choic	ce Resource Center
TOTAL of both GREEN & BLUE sheets: \$ 400 Sunset Ave. Rocky Mount, NC 2780							

TOTAL number of SPONSORS from both sheets: