

**\*WALK ONLY\* To Be Billed—Pledges of \$25 or more only!**

Year: \_\_\_\_\_

**MY GOAL IS:**

\$ \_\_\_\_\_

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

Child (3-12)

Youth/Teen (13-17)

Adult 18+

Walker's Name: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\$25 \$50 \$75 \$100 Other \$ \_\_\_\_\_

I'd like to support the ministry as a monthly giver \$ \_\_\_\_\_

Name: \_\_\_\_\_

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*This side total: \$ \_\_\_\_\_*

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