

2020 - Pledge Form - EVANSVILLE



WALKING FOR
Dreams

Family & Pet Walk

Sunday, August 16, 2020

Registration - 1:00 pm ~ Step-off - 2:00 pm ~ Ceremony - 3:00 pm

TROPICANA Events Plaza
EVANSVILLE

I am walking in support of Name of Company and/or Person **GRANTED**

First Name _____ Last Name _____
 Team Name (if applicable) _____ Team Captain's Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ E-mail _____

List Sponsors Below (Please fill-in your information below along with payment choice)

Sponsor Name	Cash (X)	Check #	Online Pledge (X)	Amount
1. My own pledge is				
2.				
3.				
4.				
5.				
6.				
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8.				
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16.				
17.				
18.				
19.				
20.				

**BRING THIS FORM TO THE WALK!
RAIN OR SHINE**

All contributions are tax deductible. Make checks payable to your selected non-profit **Total:** _____

In consideration of the advancement of your purpose and for no other consideration, I, the undersigned, do hereby grant permission to the Walking For Dreams organization to use my name and/or picture in any publication or other account of this event. I further state that I am in proper physical condition to participate in this event. Also, I give permission for the use of my name and/or picture in any publication or other account of this event.

Walker Signature: _____ Parent /Guardian Signature (for walkers under 18 years of age)

If you cannot attend the walk, mail this form and pledges to the selected non-profit or donate online.

Visit WalkingForDreams.org to learn about the non-profits!