



**Walk 4 Faith Pledge Form**

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Participant/Fundraiser Name

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Mailing Address

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City, State & Zip

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Organization and Group

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Phone and Email

Donor's Name and Phone Number	Amount Pledged
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____

- 11. \_\_\_\_\_ \$ \_\_\_\_\_
- 12. \_\_\_\_\_ \$ \_\_\_\_\_
- 13. \_\_\_\_\_ \$ \_\_\_\_\_
- 14. \_\_\_\_\_ \$ \_\_\_\_\_
- 15. \_\_\_\_\_ \$ \_\_\_\_\_

Make checks payable to your organization. All pledges must be received by Event Day