PLEDGE FORM

Pa	rticipant Name		Address:	Address:			
City:State:		Zip:	Phone #: (home)	Phone #: (home)(work)			
E-Mail:			Team Name (if applicable):	Team Name (if applicable):			
Please make check payable to Easter Seals.Write your name on any sponsor's checks so you may be properly credited. Remember, sponsors can support you in your walk efforts online as well at www.walkwithme.org log on today! Make a copy of this form and pass it on to a friend. My personal fund-raising goal is \$							
	Sponsor's Name	Address, City-State-Zip		Phone #	Contribution/ matching gift		
1.	Bill Big Bucks	123 Main St.	Anywhere, USA, 12345	123-456-7890	\$100	Ø N	
2.						Y N	
3.						Y N	
4.						Y N	
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