

Sponsor Pledge Form

*Checks payable to Care Net Peninsula
**Cash & Check Donations of \$50 or more will be receipted

I am going to sponsor myself for:

\$25 \$50 \$100 \$250 Other \$ _____
 Cash Check Bill Me

Name _____
Address _____
City _____ St _____ Zip _____
Email _____ Phone _____
 \$25 \$50 \$100 \$250 Other \$ _____
 Cash Check Bill Me Add me to your mailing list

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WALKER INFORMATION

Name _____
Address _____
City _____ St _____ Zip _____

Email _____ Phone _____
Church Group _____
 Adult (18+) Child (17 & under)

TOTAL PLEDGES (ON THIS FORM): \$ _____