



www.campcedaridge.org

SPONSOR PLEDGE FORM

My Goal Is:

- \$100
- \$150
- \$250
- \$500
- \$ _____

Walker's Name: _____
Address: _____ Zip: _____
Phone Number: home / cell _____
E-mail: _____
Team Name: _____

Print All Information and Indicate the Total Pledge.

First _____ Last _____
Address _____ City _____ St _____ Zip _____
Phone Home/Cell _____ Email _____
Donation Amount: \$ _____
Bill Me _____
Paid by Cash _____
Paid by Check _____
Please check only one!

Please read this pledge card carefully and complete as required

First _____ Last _____
Address _____ City _____ St _____ Zip _____
Phone Home/Cell _____ Email _____
Donation Amount: \$ _____
Bill Me _____
Paid by Cash _____
Paid by Check _____
Please check only one!

Please read this pledge card carefully and complete as required

First _____ Last _____
Address _____ City _____ St _____ Zip _____
Phone Home/Cell _____ Email _____
Donation Amount: \$ _____
Bill Me _____
Paid by Cash _____
Paid by Check _____
Please check only one!

Please read this pledge card carefully and complete as required