Walk Participant Name (Our hero):

Phone Number

Team Name (if applicable):

Email Address:

15 Friends+\$10 each = \$150 goal (Thank you	Donor Name	Amount	Ck Ca	ash CC
	1)	\$		
·C	2)	\$		
	3)	\$		
O	4)	\$		
SOROPTIMIST Best for Women	5)	\$		
	6)	\$		
	7)	\$		
	8)	\$		
Please complete the participant information at the top of this form.	9)	\$		
	10)	\$		
Top fundraising individuals & teams will be recognized.	11)	\$		
	12)	\$		
Total each page individually and attach money	13)	\$		
to each page. Place money collected and forms in an envelope and do one of the following:	14)	\$		
	15)	\$		
MAIL TO: SI Albany	16)	\$		
PO BOX 1475 Albany, OR 97321	17)	\$		
	18)	\$		
BRING TO:	19)	\$		
Team T-Shirt Pick Up-Day, or The day of the Walk to the registration table	20)	\$		
Visit our website for lots of fundraising ideas!	Total	\$		
Please allow time for SIA to process your pledges on your fundraising page. Tax ID # 501(c)(3) 93-095752	Donors can search for your name or team at www.sialbany.org after we've processed your papers and donate directly to you using all major credit cards.			