

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 Cash CC



INDIVIDUAL PLEDGE DONATION FORM

Please complete the participant information at the top of this form.

Top fundraising individuals & teams will be recognized.

Total each page individually and attach money to each page. Place money collected and forms in an envelope and do one of the following:

MAIL TO:

SI Albany
PO BOX 1475
Albany, OR 97321

Visit our website for lots of fundraising ideas!
www.sialbany.com

Tax ID # 501(c)(3) 93-0957752

1)		\$			
2)		\$			
3)		\$			
4)		\$			
5)		\$			
6)		\$			
7)		\$			
8)		\$			
9)		\$			
10)		\$			
11)		\$			
12)		\$			
13)		\$			
14)		\$			
15)		\$			
16)		\$			
17)		\$			
18)		\$			
19)		\$			
20)		\$			

Total \$

Donors may donate directly to the Walk using all major credit cards at www.sialbany.org/walk.