

Recovery Walks!



SPONSOR PLEDGE FORM/CONTRIBUTION SHEET

All monies are being collected by an official walker for Recovery Walks! Please remember to include the name of your Team & Team Captain (if applicable) to ensure that the money you raise is properly credited.

Your Name: _____ Email: _____ Phone: _____
 Adult Child under 18 **Team Name:** _____ **Team Captain:** _____

		Amount
1	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
2	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
3	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
4	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
5	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
6	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
7	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
8	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
9	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
10	Name: _____ Phone: _____ Email: _____ Address _____ City _____ State: _____ Zip: _____	
Total turned in today:		

Make all checks payable to **The Council of Southeast Pennsylvania, Inc.** Donors can make their contributions online or give to the Walker. Walkers are encouraged to collect their donations in advance and turn them in to their team captain prior to the walk or to bring them on walk day. **Please convert all cash donations to check or money order prior to walk day.** Receipts will be generated for all donations **provided contact information is supplied.**