

HENDERSONVILLE CLASSIC WALK PLEDGE FORM

Participant's Name _____
 Address _____
 City _____
 State _____ Zip _____
 E-Mail _____
 Participant's Phone # _____
 Church or Group _____

Will you please help the Cumberland Crisis Pregnancy Center by getting sponsors for your walk?

The Cumberland Crisis Pregnancy Center will take care of all collections therefore you do not have to collect money. If sponsors want to give you the money, please collect checks only, mark "PAID" next to their names, and turn the checks in with your Sponsor Pledge Form the day of the event. Checks need to be made payable to Cumberland Crisis Pregnancy Center (CCPC) and are tax deductible. Donations are for participation, not laps completed. Please be sure your sponsors' names and addresses are accurate and complete to save the valuable time of our volunteers. ZIP CODES ARE VITAL! Please be sure YOUR NAME is on the Walk Pledge Form and that you have signed the WAIVER. Turn in your Pledge Form when you check in on Event Day. Every walker must have at least 1 sponsor and \$25.00 in pledges to receive a free T-shirt.

* Please Print All Information and Indicate The Total Pledge Amount

* Please use a separate form for additional sponsors as needed

First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ E-Mail _____ Pledge Amount \$25 \$30 \$50 \$100 \$ _____ Other	First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ E-Mail _____ Pledge Amount \$25 \$30 \$50 \$100 \$ _____ Other
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TOTAL PLEDGE AMOUNT \$ _____

* Donations are tax deductible