

PLEDGE FORM

Name of walker(s) _____

Address _____

Credit for donation goes to _____ (individual's name)
_____ Grade/teacher, if applicable

In the spaces below, please fill in the names of those who have made a donation to the Walk for Life.

Contributor's name	Amount donated
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total donation (cash or check payable to Walk for Life) \$ _____

Please turn in this form and donations before or after Masses on April 14, send to school before then, or mail to: Mike Mertens, K of C Financial Secretary, 723 South Rock Creek Road, Jefferson City MO 65101.

