

FOOTSTEPS FOR HUNGER PLEDGE FORM

PARTICIPANT NAME (and Team Name if applicable): _____

| SPONSOR NAME | CONTACT INFORMATION (email/phone) | PLEDGE AMOUNT |
|--------------|-----------------------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Collect your donations (checks payable to "St Joseph's Church") in an envelope along with this form, and bring it to the check-in table at the walk

Thank you for participating!