

Pledge Form for Walkers

WALKER'S NAM	E	
CITY, STATE, ZI	P	
EMAIL		
INFORMATION (OF PEOPLE DONATING FOR A WALKER	
Pledge Name		Amount \$
Address		Date:
City, State, Zip		
Email		Phone
Check Cash	Credit Card Name	
Card No		Exp
Billing Zip:	Sec. #	
City, State, Zip		
Email		Phone
Check Cash	Credit Card Name	
Card No	Sec. #	Exp
Billing Zip:	Sec. #	
Pledge Name		Amount \$
Address		Date:
City, State, Zip		
Email		Phone
Check Cash	Credit Card Name	
Card No		Exp
Billing Zip:	Sec. #	
Pledge Name		Amount \$
Email		Phone
Check Cash	Credit Card Name	
Card No		Exp
Billing Zip:	Sec. #	•
Pledge Name		Amount \$
		Date:
City, State, Zip		
Email		DI .
	Credit Card Name	
Card No		Exp
Billing 7in:	Sec. #	= F

Please return back form and payments to LIHBC, Inc. by September 20th