



Pledge Form for Walkers

WALKER'S NAME _____
COMPANY _____
CITY, STATE, ZIP _____
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. # _____

Pledge Name _____ Amount \$ _____
 Address _____ Date: _____
 City, State, Zip _____
 Email _____ Phone _____
 Check _____ Cash _____ Credit Card Name _____
 Card No. _____ 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 \$ _____
 Address _____ Date: _____
 City, State, Zip _____
 Email _____ Phone _____
 Check _____ Cash _____ Credit Card Name _____
 Card No. _____ 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. # _____

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