KENESSERIE CAMP WALKATHON PLEDGE SHEET

NAME OF WALKER:	MAILING ADDRESS
PHONE #	EMAIL

PRINT PLEASE

DONOR NAME		PLEDGE $	RECEIPT REQ'D	MAILING ADDRESS				ADDITIONAL CONTACT INFO	
FIRST NAME	LAST NAME		YES / NO	STREET ADDRESS	CITY	PROV	POSTAL CODE	EMAIL	PHONE#

TOTAL THIS PAGE