



PARISH/ORGANIZATION

WALKER SPONSOR FORM

Copy form as needed

Walker Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

All gifts are tax deductible. Please make checks payable to

NAME	ADDRESS/PHONE	PLEDGE/GIFT	PAID
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No