

PARTICIPANT PLEDGE SHEET

If you choose not to fundraise online, you may use this pledge sheet to track your pledges. Please bring this sheet and all pledges collected to the 5k/Walk for Life.

This Pledge Sheet Belongs To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
(For email communication from Crossroads Clinic only.)

Team Name: _____ Team Captain Name: _____
(A team consists of up to 10 fundraisers. Each fundraiser must have their own pledge sheet or online fundraising page.)

Church: _____

Download additional pledge sheets at ccwalkforlife.com or call 405.282.6322

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____ (For email communication from Crossroads Clinic only.)

Pledge (circle one): \$100, \$50, \$25, Other \$ _____ Payment Type (circle one): Bill Me, Cash, Check # _____

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All contributions are tax deductible * Make checks payable to Crossroads Clinic

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