



Take Back The Night Walk-A-Thon - Pledge Sheet

Organizations Name _____

Name: _____

Address: _____

City/State/Zip _____

Phone/Email _____

Our goal is for every participant to bring in \$100 or more.

Sponsor's Name	Phone Number	Amount Per Mile	Flat Fee Pledge	Amount Due	Matching Donor	Paid (Y/N)
<i>Example: JOE SMITH</i>	<i>4155551212</i>	<i>\$2</i>		<i>\$40 (\$2*20 mile)</i>	<i>(\$40)</i>	
Totals						

Please indicate in the Matching Donor column if a company will be matching the donation listed.
Please turn this form into the Pneuma Life Foundation by Friday, April 19, 2019