PLEDGE FORM

Walker:_____

Team Name (if applicable):_____

Phone:_____

Email:_____

Walking Goal: _____Miles total for month of October for this Participant

Please PRINT clearly. Incomplete or illegible forms will delay processing.
Checks made payable to MBVM and mail with this form to 308 E. Marsile St., Bourbonnais, IL 60914
Online pledges can be made at www.mbvmchurch.org

Donors Name	Address	City/Zip	Phone	Email (to receive a tax receipt)	Pledge per mile or flat amount	Pledge Limit
John Doe	1456 W. 8th St.	Bourbonnais 60914	(815) 555-5555	Johndoe@yahoo.com	$ 1.00/mile	$75.00