Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this complete form to the walk. You may photocopy this form for any team members.

Walker's Name _____ Team Name *(if applicable)*

Address_____ I am a(n) ☐ Adult ☐ Teen ☐ Child

City_____ Have you participated in the Walk for Life before? ☐ Yes ☐ No

State _____ Zip _____ Shirt Type ☐ Women's ☐ Men's

Phone _____ ☐ Home ☐ Cell Shirt Size *(circle one)* **S M L XL 2X 3X 4X**

Email ☐ I am unable to walk, but will make a donation of $_____

(Please make check payable to Informed Choice of Iowa)

Questions?
319.358.1006 or
IowaWalkForLife.org

You may collect money now and bring it to the Walk OR choose to have us handle it – just check the BILL ME box and we'll do the rest!

Informed Choice of Iowa
PO Box 2537
Iowa City, IA 52244

Please print all information clearly. Make check payable to Informed Choice of Iowa.

First	Last		
Address			
City	ST	ZIP	Phone
Email			

☐ PAID ☐ BILL ME ☐ $25 ☐ $35 ☐ $50 ☐ $100 ☐ OTHER $_____

First	Last		
Address			
City	ST	ZIP	Phone
Email			

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