WALKER INFORMATION AND PLEDGE FORM

Name _____Address_____

Telephone (H) _____(W)_____ City _____ State_____ Zip_____

Email_____

I am walking with _____ (School/Church/Team Name/Self)

BRIDGEPOINT CLERGY HUNGER WALK

DATE:_____

5 MILE WALK BEGINS 9:00AM AT PECK'S MARKET ELDRED, NY

ENDS AT ST. ANN'S CHURCH, SHOHOLA, PA

REFRESHMENTS TO FOLLOW

SPONSOR NAME	PHONE	EMAIL	TOTAL PLEDGED

LIST ADDITIONAL SPONSORS ON SEPARATE SHEET OF PAPER TOTAL COLLECTED $