

WALK OF HOPE PLEDGE SHEET



*17th Annual Walk of Hope for ALS
Saturday, September 8, 2018*

I am a: Walker Team Captain

MAIL REGISTRATION FORM TO: The Angel Fund, 649 Main St, Wakefield, MA 01880

Walker's Name _____ Team Name _____

Street Address _____ Telephone _____

City _____ State _____ Zip _____

Email Address _____

	SPONSOR NAME	ADDRESS	DONATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

FIRST 500 REGISTRATIONS RECEIVE T – SHIRTS

Total Enclosed
Sponsor Sheet
Donations

\$

T – Shirt Size: Small Medium Large

I am unable to participate in the 15th Annual Walk of Hope for ALS, but would like to make a donation.

DISCLAIMER: In consideration of your accepting my registration to walk, I, for myself and anyone entitled to act on my behalf, waive and release The Angel Fund, Walk directors, Town of Wakefield, Wakefield Police Department, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Gift Amount: \$ _____
Make checks payable to: *The Angel Fund*
You can also donate on-line at
www.theangelfund.org

Signature _____