

# WALK OF HOPE PLEDGE SHEET



*18th Annual Walk of Hope for ALS  
Saturday, September 7, 2019*

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

<b>\$</b>
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T – Shirt Size:     Small     Medium     Large

I am unable to participate in the 18<sup>th</sup> Annual Walk of Hope for ALS, but would like to make a donation.

Gift Amount: \$ \_\_\_\_\_  
Make checks payable to: *The Angel Fund*  
**You can also donate on-line at**  
**[www.theangelfund.org](http://www.theangelfund.org)**

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.

Signature \_\_\_\_\_