



## TREK'N TREAT PLEDGE FORM

Use this form to collect pledges locally from friends, family, and co-workers. Please collect checks and bring them along with this form to event registration on October 28, 2017.

Community Interface Services is a private non-profit 501c3. All proceeds benefit people with developmental disabilities, their families and support staff.

**WALKER'S NAME** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
**ADDRESS (CITY, STATE, ZIP)** \_\_\_\_\_  
**PERSONAL FUNDRAISING GOAL \$** \_\_\_\_\_

**Pledge #1 Name** \_\_\_\_\_ **Amount\$** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Pledge #2 Name** \_\_\_\_\_ **Amount\$** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Pledge #3 Name** \_\_\_\_\_ **Amount\$** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Pledge #4 Name** \_\_\_\_\_ **Amount\$** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Pledge #5 Name** \_\_\_\_\_ **Amount\$** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Pledge #6 Name** \_\_\_\_\_ **Amount\$** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Pledge #7 Name** \_\_\_\_\_ **Amount\$** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for your support.