



# 2016 Buddy Walk

Sunday, October 2, 2016  
Register @ 11:30pm Walk @ 1pm  
Capitol Park, Augusta

Fundraiser Name: \_\_\_\_\_ Team Name: \_\_\_\_\_  
Fundraiser Address: \_\_\_\_\_ Team Captain: \_\_\_\_\_  
Fundraiser Email: \_\_\_\_\_ Location: \_\_\_\_\_

## PLEDGES

This pledge form should NOT contain pledges made online. Please include only pledges collected/gathered in person. Please place all funds collected in a SEALED envelope, attach pledge forms to the OUTSIDE, and present at the Buddy Walk on October 2, 2016.

Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____
Name: _____	Address/Email: _____	Amt. _____

Total Amount Enclosed: \_\_\_\_\_

