

FRIENDS OF THE POOR® WALK/RUN

SOCIETY OF ST. VINCENT DE PAUL

®

**Walker/Runner Pledge Sheet**

**Walker’s Full Name:**

**Conference/Council Name:**

**Donor’s Name Donor’s Address $ Amount**

|  |  |  |  |
| --- | --- | --- | --- |
| Example: Bob Smith | 1212 Main Street, Anytown, MO 12345 | 25.00 | √ |
| YOUR OWN PLEDGE |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** | |  | |