



Roll-or-Stroll

2015 Pledge Form—Please Print

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Email _____
 Pledge Amount \$ _____ cash check

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◆ Tax receipts will be issued for cash donations upon request.
 ◆ Make checks payable to [WMHC Auxiliary](#)

TOTAL PLEDGES RAISED \$ _____
 DATE RECEIVED _____
 PARTICIPANT'S NAME: _____