



Visitor Industry Charity Walk

Supplemental Donation Form

This form is to be used as an extension to your original WALKER FORM.
Please attach this form to your WALKER FORM

NAME _____ AGE _____ TEL. NO. _____
 (Last) (First) (Middle Initial)

ADDRESS _____ EMAIL ADDRESS. _____

CITY _____ ZIP _____ ORGANIZATION NAME & CODE _____

Please make and retain a copy for your records.

| | Print Sponsors' First & Last Names | Number, Street, Town, Zip Code | Donation | Amount |
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| | | (FOR OFFICE USE ONLY) | BALANCE DUE | AMOUNT |
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*Minimum total pledge is \$35 per walker; under 18 years old is \$25.
All Donations may be tax deductible. Please make checks payable to "CHARITY WALK"