2020 - Pledge Form - INDIANAPOLIS

WALKING FOR Dreams

Family & Pet Walk

Sunday, May 17, 2020

Registration - 1:00 pm ~ Step-off - 2:00 pm

Downtown Canal at Buggs Temple - 11th & Senate Avenue

I am walking in support of **Name of Organization and/or Person**

First Name _____ Last Name _____

Team Name (if applicable)_____ _____Team Captain's Name_____

Address_____City_____State_____Zip_____

Phone_____ E-mail_____

List Sponsors Below (Please fill-in your information below along with payment choice)

Sponsor Name	Cash (X)	Check #	Online Pledge (X)	Amount
1. My own pledge is				
2.				
3.				
4.				
5.				
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16.				
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18.				
19.				
20.				

BRING THIS FORM TO THE WALK!

RAIN OR SHINE

All contributions are tax deductible. Make checks payable to your selected non-profit Total:

In consideration of the advancement of your purpose, objective and work and in consideration of the Sycamore Foundation and organizing local organizations permitting me to participate in the event, on behalf of myself, my heirs, guardians, executors, administrators or assigned including attorney fees and court costs, (collectively "claims") I hereby waive and release all rights and claims for damages which I may have against you, as well as any other person connected with Sycamore Foundation, the local organizations, their heirs, executors, administrators, successors and assignees and any and all injuries which may result directly or indirectly from my participation. I further state that I am in proper physical condition to participate in this event. Also, I give permission for the use of my name and/or picture in any publication or other account of this event.

Walker Signature:_____ Parent/Guardian Signature (for walkers under 18 years of age)

If you cannot attend the walk, mail this form and pledges to the selected non-profit or donate online.

Visit WalkingForDreams.org to learn about the non-profits!