



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	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
			(FOR OFFICE USE ONLY)	BALANCE DUE	AMOUNT

***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"**