

HEALTH AND FITNESS WALK-A-THON

PLEDGE FORM

Name of Participant:_____

Program:_____

Goal Amount:_____

On October 15, 2022 I will be participating in the Friends of SMEC Health and Wellness Walk-A-Thon. All the donations recieved will go towards the Friends of SMEC to allow more activities and funding for the programs needs. I hope you can sponsor me!

Sponser Name:	Paid Amount:	Collected:	Phone Number:
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