4th Annual

TAKE A WALK IN OUR SHOES

Awareness - Treatment - Prevention

PLEDGE FORM

Team Name: _____

Address: _____ Town: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Walkers are encouraged, but not required, to collect pledges either as an individual or a team. Donations may also be made by visiting our website www.mwvsupportsrecovery.org

Donations and pledges are tax deductible
Make checks payable to **MWV Supports Recovery Coalition**

Name	Email	Amount	Circle Payment Type
			Cash Check
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