

# Pledge Form

## Walker Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Employer/School/Org. \_\_\_\_\_

**Sponsors please give your donation when you sign up. Make sure checks are payable to *CLC Dyslexia Walk*.**

Name	Address	City	State	Zip	Donation
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