

Team Name:

Donations can be made at www.jsof.org/donate using PayPai Act. phone #832-248-6621.

Janine's Sarcoidosis Outreach Foundation Meet & Greet Fun Walk!

Please include this Pledge Form every time you turn-in pledges through the mail, office, or day of event collection. Include the walker's name and team name in the memo section of each check.

Bellaire Civic Center • 7008 S Rice Ave • Bellaire, Texas 77401 Saturday, April 29, 2023 • Registration begins at 8:00 am, Step off 9:00 am

Check when pledge is	Pledge		Address/
collected	Amount \$	Name	Telephone Number
	\$		
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	\$		

TOTAL \$_____

Place all pledges inside the Pledge Envelope and turn in at the walk or mail to: JSOF ◆ PO BOX 1008 ◆ Alief, TX 77411

Visit us at http://www.jsof.org/donate or call: 832-248-6621 for additional information.

Please do not mail cash donations!



Donations can be made at www.jsof.org/donate using PayPal Act phone #832-248-6621.

Registration, Contribution and Waiver Form

(To be mailed or submitted at walk registration)

Bellaire Civic Center ● 7008 S Rice Ave ● Bellaire, TX 77401

Saturday, April 29, 2023 ● Registration begins at 8:00 am.

Total Pledge Amou	int: \$	_	
First Name:			
Last Name:			
Address:			
City, State and Zip:	:		
Tha	ank you for partic	ipating in the JSOF Sarcoid	dosis Awareness Fun Walk!
For Office Use On	nly		
Rec'd by:	Cash:	Checks:	TOTAL: \$
medically able. I a	assume all risks frontact with other par	om participating in this even	y. I will not enter and participate unless I am t and its related activities, including but no her, and track conditions: all such risks being
participation, I, for volunteers, and any action of any kind	r myself and anyog and all sponsors and arising out of my	one entitled on my behalf, vand their respective affiliates,	and in consideration of your accepting my waive and release JSOF, other participants of and from all claims, liabilities or causes or coidosis Awareness Walk" which I, or my ainst any of them.
JSOF and each of the regardless of medium	he sponsors to use im, or any other rec	any photographs, interviews, cord of this event in promotion	ature whatsoever. I also grant permission to motion pictures, recordings or images of me anal materials, presentations or for any lawfules.
Print Name of Parti	cipant		Age
	JSO	OF – (501 c3 tax exempt orgo	anization)