



# Pledge Record Sheet

**ALL WALKERS:**

All walk participants, 13 years and above must have a minimum of \$50 in pledges.

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number (    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

NAME OF PLEDGE CONTRIBUTOR	ADDRESS, CITY, STATE, ZIP	CASH	CHECK
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Make checks payable to: **Scleroderma Foundation** Pledges Collected \$ \_\_\_\_\_  
 30301 Northwestern Highway, Suite 300, Farmington Hills, MI 48334    Tel: 248.865.7259    Fax: 248-865-7523