“Stepping Out To Cure Scleroderma” Pledges

Individual Walker’s Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Team’s Name _____

Team Captain (If Applicable) _____

Walking In Memory Of _____

Walking In Honor Of _____

Name	Street Address, City, State & Zip	Amount

I CANNOT ATTEND THE WALK, PLEASE ACCEPT MY ENCLOSED TAX-DEDUCTIBLE DONATION.

TOTAL $ _____

Please photocopy for additional pledge forms or call 1-866-675-5545

Please make checks payable to SFDV

SCLERODERMA FOUNDATION Delaware Valley Chapter Thanks You For Your Support

Help us raise as much funding as possible for SFDV to host patient education workshops, support groups and vital medical research TO FIND A CURE!

We look forward to your participation at our walks!