

**PLEDGE FORM**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

TOTAL AMOUNT COLLECTED \_\_\_\_\_

NAME OF PERSON WITH DOWN SYNDROME TO WHOM I WOULD LIKE MY PLEDGES TO GO (IF APPLICABLE)

PLEASE HAVE ALL FUNDS COLLECTED BY THE DAY OF THE WALK.

PLEASE MAKE CHECKS PAYABLE TO  
WYOMING DOWN SYNDROME ASSOCIATION.  
ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE AS ALLOWED BY LAW.

NAME \_\_\_\_\_

PLEDGE AMOUNT \$ \_\_\_\_\_

NAME \_\_\_\_\_

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