2010 Pledge Sheet

Walker/Team Name: _____

Phone #: _____ *Email:* _____

Please collect all your pledges before the walk and pre-pay.
Thank you! Make checks payable to: ***Rape Crisis Center of Central Mass.***

Sponsors name (please print)	**Total pledged**	**Amount paid**	**Sponsors name (please print)**	**Total pledged**	**Amount paid**
			Total		

Double your contribution! Check with your employer to see if your company has a matching gift program.

_____ **Yes, my employer has a matching gift program, please contact them.**

Name of contact_____

Company _____ **Telephone** _____