

Participant’s Name

Team Name

**Participant Pledge Form**

COLLECTED

FLAT DONATION

SPONSOR’S NAME

ADDRESS

|  |  |  |  |
| --- | --- | --- | --- |
| *Ex: John Smith* | *Ex: 1234 Main Street, Anytown, FL, 12345* | *Ex: $50.00* | *Ex: $50* |
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| COMPANY MATCHING DONATION  (Please include necessary forms.) |  |  |  |

This individual is participating in and raising funds for the local

**Step Big Walk for Parkinson’s.**

Our goal is for each walker to raise a minimum of $100.

**TOTALS**