Strides For Action Pledge Form

Participant Name:				
Email: Phone:				
Address:	City:	State:	Zip:	
Team Name:		Participant Type (Circle One): Walker	Volunteer	
My Fundraising Goal is \$				

Make all CHECKS payable to FENWAY HEALTH. Process CREDIT CARD pledges securely online at www.stridesforaction.org.

DONOR NAME	CONTACT INFORMATION	CASH	CHECK	ONLINE GIFT	WILL THIS BE
		RECEIVED	RECEIVED	RECEIVED	MATCHED?
x Jack Sponsor - EXAMPLE	jack@company.com			\$30	
x Jane Pledge - EXAMPLE	617-555-1234	\$50	\$50		$\mathbf{\nabla}$
1					
2					
3					
4					
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6					
7					
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11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
SUBTOTAL					
TOTAL CASH AND CHECKS INCLUDED WITH THIS FORM		\$			

THANK YOU FOR YOUR SUPPORT

CHECKS: Please have sponsors make all CHECKS payable to FENWAY HEALTH and bring all cash and checks you receive with you to STRIDES FOR ACTION on Walk Day. **CREDIT CARDS:** Donors who wish to use a credit card can make a secure online donation at www.stridesforaction.org.

MATCHING GIFTS: Many companies offer a matching gift program. Ask your donors if their employer will match their pledges and include the appropriate forms along with your donations.

Have more than 20 donors? Copy this sheet or download additional Pledge Forms online from the Resource Center at

www.stridesforaction.org.

Please send any donations you receive after the walk to:

Fenway Health Attn: Development Department PO Box 847826 Boston, MA 02284-7826

FENWAY HEALTH is a registered 501(c)3 organization. All gifts to STRIDES FOR ACTION are tax-deductible to the extent permitted by law.