



PLEDGE SHEET
 Weight Loss Challenge
 Fundraiser!

July 4 to Sep 26, 2022

PARTICIPANT INFORMATION:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ POSTAL: _____

PHONE NUMBER: _____

PARTICIPANT #: _____

Please print the name and address of each donor clearly.

Donor Name	Address	City	Postal Code	Email	\$ / pound	Flat Amount	Receipt?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							



For more information, please contact:

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