

6th Annual
SoCal
HistioWalk

PARTICIPANT INFORMATION

PARTICIPANT NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

PLEASE BRING YOUR COMPLETED PLEDGE ENVELOPES AND DONATIONS ON THE DAY OF THE EVENT.

PLEDGE FORM

THIS FORM MAY BE PHOTOCOPIED.

Ask your friends, family, and colleagues to contribute to the fight to find a cure for histiocytosis by pledging their dollars to support your participation in the **SoCal Histio Walk**.

PLEASE PRINT	SPONSOR NAME	ADDRESS, CITY, STATE, ZIP	AMOUNT PLEDGED	AMOUNT COLLECTED	I-SHIRT SIZE
1	SAMPLE	100 Main Street, #3 Anytown, CA 90000	100	100	YS
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

REMEMBER To Mark Your Size • FREE SoCal Histio Walk T-Shirt w/ Gift of \$100 or more
 Available in Youth XS, S, M or L and Adult S, M, L, XL or XXL

TOTAL AMOUNT ENCLOSED \$

PLEASE NOTE:

The full address of each donor, including zip code, must be listed above or the donor will not receive acknowledgement in writing for tax purposes of his or her contribution.