

Address:

City:

Walk to Stop the Silence

A benefit for Survivors Healing Center

Champion Pledge Sheet

(please keep a copy of this form for your records)

_____ Zip: _____

We encourage you to turn in your pledge money before the day of the Walk. Please collect all pledges prior to turning in this form. Pledge forms and funds collected may be mailed to:

Survivors Healing Center, 104 Walnut Street, Ste. 208, Santa Cruz, CA 95060

Or you can turn your pledge sheet in the day of the walk

Champion Name:

Email:	Telephone:					
	re tax deductible to checks to: Surviv					
Donor Name	Address		Email	Phone	Pledge	Paid
Total Checks	\$		Total Collected	\$		
Total Cash	\$	I have registered on the Walk website at:			:	

www.walktostopthesilence.org