May 19, 2019

3RD ANNUAL HCF WALK

PARTICIPANT PLEDGE TRACKING SHEET

Please fill out all the blank spaces in order for the HCF to properly track your sponsors' pledges. Please see www.hcfbucks.org/event/2019walk for event registration and information.

*Participant Name:*_____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Phone: _____ *Email Address:* _____

Name of Sponsor	Pledge Amount	Payment Method (Cash or Check)

Walk Participants-please mail this form and payment(s) to the **HCF Administrator at 45 2nd Street Pike, Southampton, PA 18966** or present them the day of the walk.