

YOUR NAME: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

### ADDITIONAL SPONSORS

Please be sure all names and addresses are complete and easy to read. Use as many additional pages as you need.

SPONSOR'S NAME  
[Grid for name entry]

ADDRESS  
[Grid for address entry]

CITY STATE ZIP CODE  
[Grid for city, state, and zip code entry]

EMAIL  
[Grid for email address entry]

PHONE [Grid]  BILL ME  ONLINE  CASH  CHECK  CREDIT CARD  
 \$25  \$50  \$100  \$150 OTHER \$ \_\_\_\_\_

Please print all information clearly.

SPONSOR'S NAME  
[Grid for name entry]

ADDRESS  
[Grid for address entry]

CITY STATE ZIP CODE  
[Grid for city, state, and zip code entry]

EMAIL  
[Grid for email address entry]

PHONE [Grid]  BILL ME  ONLINE  CASH  CHECK  CREDIT CARD  
 \$25  \$50  \$100  \$150 OTHER \$ \_\_\_\_\_

Please print all information clearly.

SPONSOR'S NAME  
[Grid for name entry]

ADDRESS  
[Grid for address entry]

CITY STATE ZIP CODE  
[Grid for city, state, and zip code entry]

EMAIL  
[Grid for email address entry]

PHONE [Grid]  BILL ME  ONLINE  CASH  CHECK  CREDIT CARD  
 \$25  \$50  \$100  \$150 OTHER \$ \_\_\_\_\_

Please print all information clearly.

SPONSOR'S NAME  
[Grid for name entry]

ADDRESS  
[Grid for address entry]

CITY STATE ZIP CODE  
[Grid for city, state, and zip code entry]

EMAIL  
[Grid for email address entry]

PHONE [Grid]  BILL ME  ONLINE  CASH  CHECK  CREDIT CARD  
 \$25  \$50  \$100  \$150 OTHER \$ \_\_\_\_\_

Bring your completed official Sponsor Pledge Form along with any additional pages of sponsors the day of the Walk (or walk on your own and mail it to: PO Box 21962, Albuquerque, NM 87154). It's not necessary to collect the money—Care Net will handle the billing process.