EMARC Walks with You

PLEDGE FORM

Make all checks payable to EMARC.
Your tax-deductible gift will help us promote healthy living and raise funds and awareness for EMARC programs.

WALKER'S NAME _____

TEAM NAME _____

Please write your name and team name in the memo portion of each check to ensure proper credit. Please complete the form for each off-line donation made. Include donor name, complete mailing address, donation amount, and date.

DONOR'S NAMES	ADDRESS	DONATION AMOUNT	DATE	CASH/CHECK
Example: Mary Walker	1111 Main St., Anytown, ST 12345	25.00	3/1/18	Check #1234

Our goal is for each walker to raise a minimum of $100.

TOTAL

This individual is participating in and raising funds for EMARC. If you have any questions or would like more information, please contact Carlos at 781-587-2272or visit us at theemarc.org