

Triangle Down Syndrome Network 2009 Buddy Walk Pledge Form

Registrant's Name _____ Page _____ of _____

Team Name (if applicable) _____ Phone Number _____

Street Address _____

City, State, Zip _____

Name Email:	Mailing Address	Donation: Cash? Check?
Name Email:	Mailing Address	Donation: Cash? Check?
Name Email:	Mailing Address	Donation: Cash? Check?
Name Email:	Mailing Address	Donation: Cash? Check?
Name Email:	Mailing Address	Donation: Cash? Check?
Name Email:	Mailing Address	Donation: Cash? Check?
Name Email:	Mailing Address	Donation: Cash? Check?
Name Email:	Mailing Address	Donation: Cash? Check?

Total (this page) _____

Mail collected donations to
 TDSN Buddy Walk
 Attn: Pledge Forms
 PO Box 37305
 Raleigh, NC 27627-7305