



2011 Pledge Form Domestic Violence Awareness Walk

Walk Location: _____ Date: _____

Participant Name (last, first): _____

Thank you for your participation in the Domestic Violence Awareness Walk! The pledges you collect help to fulfill the mission of Shelter, Inc. which is a nonprofit organization. Checks may be brought to the event or mailed to Shelter, Inc., PO Box 797, Alpena MI 49707. Please paperclip all pledge payments to this form. Please do not send cash in the mail.

Name: _____ **Check No:** _____

Pledge Amount: _____ **Email:** _____

Address (Street, City, Zip): _____

Name: _____ **Check No:** _____

Pledge Amount: _____ **Email:** _____

Address (Street, City, Zip): _____

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For questions or additional information on the Domestic Violence Awareness Walk
please call (989) 356-2560, or visit www.ShelterIncAlpena.org