

RIVERWALK 2023

SPIRITUS CHRISTI MENTAL HEALTH CENTER

Walker's Name _____ Total Pledged \$ _____
 Address _____ City _____ Zip _____ Total Collected \$ _____
 Phone Number _____ Email _____ Remainder Due 11/1/23 \$ _____

Make checks payable to Spiritus Christi Mental Health Center. Reference walker's name on check.

Sponsor's Name	Phone #	Address	Pledged	Paid

Every \$100 raised will get a free raffle ticket.