

Walker's Name _____

Address _____ City _____ Zip _____

Phone Number _____ Email _____

Total Pledged	\$
Total Cash	\$
Total Check	\$
Total Collected Today	\$
Balance Due (11/1/24)	\$

Sponsor's Name	Phone #	Address	Pledged	Paid
BALANCE DUE TO MENTAL HEALTH CENTER BY NOVEMBER 1, 2024			\$	

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

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