



COMMUNITY WALKS
American Foundation for Suicide Prevention

Sponsor Sheet

Name	Page ___ of ___	
Street		
City	ST	Zip
Tel. Work	Home	
Age	Gender	
Event Site		
Team Name		

Signed X

(Minors must have this form signed by a parent or guardian)

Parent/Guardian X

Make Checks Payable to:
American Foundation for Suicide Prevention

	SPONSOR NAME	ADDRESS	FLAT DONATION	COLLECTED
	EXAMPLE: JOHN DOE	1111 MAIN ST., ANYTOWN, ANYSTATE 12345	25.00	✓
1	YOUR OWN DONATION			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

TOTAL TURNED IN TODAY \$

TOTAL TURNED IN PRIOR TO WALK
(Checks and online giving)

COMPANY MATCHING GIFTS
(Please enclose necessary forms and information)

TOTAL RAISED \$

INSTRUCTIONS

- Start now to get as many sponsors as you can. There is no limit. You can always get extra pledge forms.
- Be sure your sponsors understand their commitment to you and the American Foundation for Suicide Prevention.
- You are responsible for collecting all pledges.
- Keep a copy for your records.
- Thank you for helping save lives by preventing suicide.

