

Pledge Form

Walker's Name: _____
My Fundraising goal is: \$ _____

- The 32° Masonic Learning Center is a 501(c)(3) non-profit organization and pledges are tax deductible.
- Please make checks payable to CLC Dyslexia Walk
- Pledges will be collected when you check in.

Sponsors (please print):

Name: _____

Phone: _____ Amt: \$ _____

Name: _____

Phone: _____ Amt: \$ _____

Name: _____

Phone: _____ Amt: \$ _____

Name: _____

Phone: _____ Amt: \$ _____

Name: _____

Phone: _____ Amt: \$ _____

Name: _____

Phone: _____ Amt: \$ _____

Name: _____

Phone: _____ Amt: \$ _____

Name: _____

Phone: _____ Amt: \$ _____

Total Collected: \$ _____

Return this page with amounts raised.

Registration

I plan to participate in the WALK. Enclosed is my registration fee of \$15 for adults (\$25 day of event), \$10 for children under 12, free for children under 5.

I cannot attend, but enclosed is my donation of \$ _____.

I would like to volunteer the day of the Walk. Please contact me at the phone/email below.

• Please make check payable to CLC Dyslexia Walk.

• Mail your registration form to: 32° Masonic Learning Center, 3579 Masonic Way, Pittsburgh, PA 15237.

Name (please print)

Address

City/State/Zip

Home Phone

Email

Work/Cell Phone

Emergency Contact and Phone Number

Participant Liability Agreement:

Please enter me in the "Walk to Help Children with Dyslexia". I, on behalf of myself, my heirs, executors, and administrators hereby release the 32° Masonic Learning Centers for Children, Inc. from any all claims, damages, and rights of action I may have, present or future that may arise out of, or be incident to my participation in the Walk event. In addition, I grant permission for the use of my name and/or picture in any photograph, film or videotape of the event for any purpose.

Signature (parent or guardian if under 18 years of age)

This agreement must be signed for the registration to be valid.