BTSPCA FALL DOG WALK SPONSOR SHEET

NAME	TELEPHONE #	AMOUNT DONATED	PAID	**RECEIPT REQUIRED PLEASE PROVIDE MAILING ADDRESS**

SHEET TOTAL DONATED_____

NUMBER OF SHEETS_____

TOTAL COLLECTED OVERALL_____

ADDITIONAL PLEDGE SHEETS ARE AVAILABLE*

PLEASE CONTACT US AT

info@ baccalieutrailspca.net or baccalieutrailspca.net