DEERFIELD VALLEY COMMUNITY CARES
P.O. BOX 5 WILMINGTON, VERMONT 05363

BEST DAM WALK
PLEDGE FORM

Your name: _____
Address: _____
Town_____State_____Zip_____
Phone:_____E-mail_____
_____
_____Donations/Pledges_____

Name Address/Town/State/Zip Donation

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Total Amt.

___ I can't make it, but here is my donation.
*Add more sheets of paper as needed

Bring this form and donations with you to the walk

Signature_____