HALLMARK HEALTH SYSTEM'S

Stride for Health

Sunday, June 6, 2010
5:00PM
Lake Quannapowitt, Wakefield

Pledge Sheet

Walker's Name:_____

My fundraising goal is: $_____

NOTE TO WALKERS: Encourage sponsors to make gifts online at www.hallmarkhealth.org. Please mail collected checks along with your name to: Hallmark Health Development Office, 585 Lebanon Street, Melrose, MA 02176.

Sponsor's Name	Address	Gift $	Collected $	Gift Match $

Subtotal: _____
Company Matching Gift: _____
TOTAL: _____