



14th ANTI-POVERTY 5K WALK

Saturday, May 6, 2023

PLEDGE FORM

First Name: _____ Last Name: _____

Group Name: (if applicable) _____

I plan to walk the entire course for Community Action Partnership of Lake County.

Dear Potential Pledge Sponsor,

I am participating in the **CAP of Lake County's 14th Anti-Poverty 5K Walk 2023**. You can sponsor me for an amount of your choice. Donations collected when you sign up. Make checks to: Community Action Partnership of Lake County. All contributions are tax-deductible. Please provide address for thank you note.

Thank you!

Name of Pledge Sponsor	Address, City, State & Zip <u>or</u> email	Pledge Amount (Example: \$1.00)	Amount Collected from Sponsor	Business Matching Pledge Amount
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TOTAL COLLECTED \$

To Walk Participants: Every dollar raised helps support CAPOLC's Hot Meals Delivery Program for Seniors. To reach our funding goals, we hope that each participant finds sponsors. Create a donor list. Make a list of every person you know—friends, family, neighbors, acquaintances, and business associates. We're hoping to make this Walk the best ever, so the more dollars you raise; the more successful we'll be! Please submit form and collections prior or bring to the event. Thank you very much for your participation! **The Top 25 fundraisers will be posted on our website.** For questions, contact Lisa.Hayes@caplakecounty.org.