

# Clarity Walker Pledge Form

Walker's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_  
For email communications from Clarity only  
 Email Clarity Updates/Quarterly Newsletter to me  
 Email gift receipts to me

I am a(n):  Adult  Teen  Child Phone \_\_\_\_\_ County Representing:  Barth  Brown  Decatur  
 Jackson  Jennings  Shelby

Church/Group \_\_\_\_\_

**To participate in the Walk for Clarity, you must sign the following release:**

I waive all claims for myself and my heirs against Clarity of South Central Indiana for any injury or illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I give Clarity of South Central Indiana permission to use photographs of me taken at the Walk in future event promotion.

Signature (Parent or Guardian must sign for persons under 18 years of age) \_\_\_\_\_

Date \_\_\_\_\_

Please **PRINT** and complete all information.  
 Make checks payable to Clarity. All gifts are tax deductible.

For Office Use Only

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

|       |      |
|-------|------|
| FIRST | LAST |
|-------|------|

|                  |
|------------------|
| ADDRESS OR EMAIL |
|------------------|

|      |       |     |
|------|-------|-----|
| CITY | STATE | ZIP |
|------|-------|-----|

\$20  \$35  \$50  \$100  Other \_\_\_\_\_  Bill Me or  Paid circle one: CASH or CHECK

For Office Use Only  cash  ck  pl  online

Page Total