



**WALKER INFORMATION**

THIS PLEDGE SHEET SHOULD BE USED BY WALKERS WHO COLLECT CHECKS AND/OR CASH DONATIONS IN SUPPORT OF THEIR PARTICIPATION IN THE WALK. WALKERS WHO DO ALL OF THEIR FUNDRAISING ONLINE DO NOT NEED TO USE THIS PLEDGE SHEET. ONE WALKER PER PLEDGE SHEET PLEASE. MULTIPLE WALKERS SHOULD NOT USE THE SAME PLEDGE SHEET.

Name: \_\_\_\_\_  Adult  Child (under 18)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter/Organization/School: \_\_\_\_\_ My Team's Name is: \_\_\_\_\_

My Team Captain is: \_\_\_\_\_

**Walkers: Include your team or team captain name to ensure that the money you raise is properly credited to your team.**

**INSTRUCTIONS**

1. List only donations that are in this pledge sheet.
2. Do not include any donations made online
3. Convert all cash donations into one check. For example, if you received \$50 in cash, write a check, payable to **Walk4Hearing** for that amount and put it and this pledge sheet into an envelope.
4. Bring money and pledge sheet to the Walk.
5. Cancelled checks serve as the donor's receipt.
6. For questions or for donations received after the Walk, please contact:  
**Julie Bishop**    [bishfish@aol.com](mailto:bishfish@aol.com)  
 (North Carolina Walk4Hearing 10/15/2017)

**WALKER DONATION LIST**

Name of Donor	Donor's Mailing Address / E-Mail Address	Amount
1. <b>My Own Donation Is...</b>		
2.		
3.		
4.		
5.		
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20.		

Check here if you have any donations eligible for a matching gift program. Please be sure to include any forms that need to be completed in the envelope with the pledge sheet. Thank You!

Each participant must read and sign below.  
**WAIVER:** I agree to indemnify and hold harmless the Hearing Loss Association of America (HLAA) and its officers, agents, employees, volunteers, chapter and state affiliates, and sponsors from all cost, expense and liability arising out of my or my child's participation in the Walk4Hearing. I do hereby waive all claims for damage or loss to my or my child's person or property arising directly or indirectly from my or my child's participation in the Walk4Hearing which may be caused by an act, or failure to act, by HLAA, its officers, agents, employees, volunteers, chapter and state affiliates, and sponsors. I hereby assume liability for any loss, damage or other liability from my or my child's participation in the Walk4Hearing. I grant full permission for organizers to use photos, videos, film or any other record of this event in which I may appear for any legitimate purpose. Participants under 18 must have this form agreed on their behalf by a parent or guardian.

Signature of Participant / Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_