OUR LITTLE HERO C.O.P.
BUDDY WALK PLEDGE FORM

Name: _____

Street Address: _____

City: _____ State:_____ Zip: _____

Daytime Phone:_____ Total Collected: _____

Prize Selection: _____ Size (if possible):_____

Please Make Checks Payable to
OUR LITTLE HERO C.O.P.
All contributions are tax deductible as allowed by law.

Sponsor	**Phone #**	**Donation**
Name: _____	_____	$ _____
Name: _____	_____	$ _____
Name: _____	_____	$ _____
Name: _____	_____	$ _____
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