



**Down Syndrome Association of
Connecticut's
Step Up for Down Syndrome Walk**

**Saturday,
October 2, 2021**

Options for everyone: *Virtual* or *In-Person* at the New Britain Bees Stadium

PLEDGE FORM

Team Name: _____
 Participant Name: _____
 Participant Contact Info: _____

Checks can be made payable to: **Down Syndrome Assoc. of Connecticut** or **DS ACT**
 Mail to: **DS ACT, *Your Step Up for Down Syndrome Team Name*, 60 Peter Court, New Britain, CT 06051**

*This pledge form should NOT contain donations made online.
 Please include only pledges collected / gathered in person.*

	Name:	Contact Info:	Amount:	Paid
1.	_____	_____	\$ _____	
2.	_____	_____	\$ _____	
3.	_____	_____	\$ _____	
4.	_____	_____	\$ _____	
5.	_____	_____	\$ _____	
6.	_____	_____	\$ _____	
7.	_____	_____	\$ _____	
8.	_____	_____	\$ _____	
9.	_____	_____	\$ _____	
10.	_____	_____	\$ _____	
11.	_____	_____	\$ _____	
12.	_____	_____	\$ _____	
13.	_____	_____	\$ _____	
14.	_____	_____	\$ _____	
15.	_____	_____	\$ _____	
		Total:	\$ _____	

- Deadlines:**
- 9/27/21 turn in donations to count toward Team Incentives.
 - 10/2/21 Turn in this envelope at the Registration Table at the Walk.
 - 10/31/21 Turn in additional donations to count toward the Team Drawing in November.