

# STEP UP WALK PLEDGE FORM

Team Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Contact Email: \_\_\_\_\_

Participant Contact Phone Number: \_\_\_\_\_

Please Mail Checks to: **DS ACT "Your Team Name" 66 South Broad Street, Box 1082, Pawcatuck, CT 06379**

Checks can be made payable to:

**DS ACT** or Down Syndrome Association of Connecticut

**Please write your team name on the memo line.**



**This pledge form should NOT contain donations made online.**

**Please include only pledges collected / gathered in person.**

Name:	Contact Info:	Amount:	Paid
1. _____	_____	\$ _____	<input type="radio"/>
2. _____	_____	\$ _____	<input type="radio"/>
3. _____	_____	\$ _____	<input type="radio"/>
4. _____	_____	\$ _____	<input type="radio"/>
5. _____	_____	\$ _____	<input type="radio"/>
6. _____	_____	\$ _____	<input type="radio"/>
7. _____	_____	\$ _____	<input type="radio"/>
8. _____	_____	\$ _____	<input type="radio"/>
9. _____	_____	\$ _____	<input type="radio"/>
10. _____	_____	\$ _____	<input type="radio"/>
11. _____	_____	\$ _____	<input type="radio"/>
12. _____	_____	\$ _____	<input type="radio"/>
13. _____	_____	\$ _____	<input type="radio"/>
14. _____	_____	\$ _____	<input type="radio"/>
15. _____	_____	\$ _____	<input type="radio"/>

The Down Syndrome Association of Connecticut is a registered 501(c)3 non-profit organization.

P: 888-486-8537 info@mysdact.org Tax ID: 06-1176478

<https://www.ds-stride.org/stepupconnecticut>