

STEP UP WALK PLEDGE FORM

Team Name: _____

Participant Name: _____

Participant Contact Email: _____

Participant Contact Phone Number: _____

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

DS ACT
"Your Team Name"
60 Peter Court
New Britain, CT 06051

Checks can be made payable to:
Down Syndrome Association of Connecticut or DS ACT
Please write your team name on the subject line.



9/19/22 Turn this in for the event contests.

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 organization.
60 Peter Court, New Britain, CT 06051 P: 888-486-8537 info@mysdact.org Tax ID: 06-1176478
<https://www.ds-stride.org/stepupconnecticut>