FLM HAITI
FUNCTIONAL LITERACY MINISTRY OF HAITI
EDUCATIONAL & MEDICAL MISSION

NAME OF WALKER/TEAM: _____ DATE: _____

ADRESS: _____ PHONE: _____

_____ MY FUNDRAISING GOAL IS: $_____

I AM WALKING TO RAISE MONEY FOR THE GROUP "TO HAIT WITH LOVE – 5K WALK".
PLEASE HELP ME RAISE MONEY SO WE CAN HELP OTHERS LESS FORTUANTE HELP THEMSELVES.

| Name | Business/Group (if applicable) | Address | Phone | $$ Pledged | Date Paid | Cash/Check/CC |
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MY TOTAL PLEDGE AMOUNT: $_____

PLEASE RETURN THIS FORM, AT THE PLEDGE TABLE, ON THE DAY OF THE WALK.