



Dedicated to improving the lives of persons affected by ataxia through support, education, and research.

WALK N' ROLL PLEDGE FORM

NAF WALK N' ROLLER'S NAME _____

SUPPORT GROUP/TEAM NAME _____

MY GOAL _____

- ↳ **ALL SPONSORS** THAT COMPLETE THIS FORM WILL RECEIVE A DONATION RECEIPT AFTER THE EVENT DATE.
- ↳ **ALL DONATIONS** GO DIRECTLY TO THE NATIONAL ATAXIA FOUNDATION TO SUPPORT PROMISING RESEARCH AND IMPORTANT PROGRAMS.
- ↳ **MAKE CHECKS PAYABLE TO:** **THE NATIONAL ATAXIA FOUNDATION** OR **NAF**

SPONSOR'S NAME (PLEASE PRINT CLEARLY)	MAILING ADDRESS	CITY, STATE ZIP	PHONE	PLEDGE AMOUNT
JOHN DOE	123 MAIN STREET	ANYTOWN, MA 12345	(000) 000-0000	\$ 25.00
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
TOTAL PLEDGES (THIS SHEET)				\$
CUMULATIVE TOTAL (THIS SHEET AND ALL PREVIOUS)				\$

PLEASE BRING YOUR CONTRIBUTIONS WITH THIS REGISTRATION/SPONSOR SIGN UP SHEET TO THE EVENT REGISTRATION ON THE DAY OF THE EVENT. MAKE SURE ALL CONTRIBUTIONS ARE RECORDED ON THIS FORM. PLEASE USE ADDITIONAL SHEETS IF NECESSARY AND BE SURE TO COMPLETE YOUR PERSONAL INFORMATION AT THE TOP OF EACH ADDITIONAL SHEET.