

Amjad George Saba Health and Wellness Day Walk  
27484 Ann Arbor Trail, Westland, MI, 48185  
(P) (734) 425-1600, (F) (734) 425-3985

**PLEDGE REGISTRATION FORM**

Use this form to collect pledges locally from friends, family, and co-workers. You can collect checks or cash please send this form (along with any checks) to the address above and we will enter them for you. (do not send cash in the mail)

**WALKER'S NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_  
**PERSONAL FUNDRAISING PAGE LINK** \_\_\_\_\_

**Pledge #1 Name** \_\_\_\_\_  
Amount\$ \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Check \_\_\_\_ cash \_\_\_\_

**Pledge #2 Name** \_\_\_\_\_  
Amount\$ \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Check \_\_\_\_ cash \_\_\_\_

**Pledge #3 Name** \_\_\_\_\_  
Amount\$ \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Check \_\_\_\_ cash \_\_\_\_

**Pledge #4 Name** \_\_\_\_\_  
Amount\$ \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Check \_\_\_\_ Cash \_\_\_\_

**Pledge #5 Name** \_\_\_\_\_  
Amount\$ \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Check \_\_\_\_ Cash \_\_\_\_