

Contributions & Pledge Form



**Dignified Transportation for Seniors
and the Visually Impaired**

Please submit this form along with donations on the day of the Walk or mail it to:
ITNNorthCentralCT, P.O. Box 448, 99 Main Street, Suite 8, East Windsor, CT 06088

I am walking in honor of _____

My Fundraising Goal (optional): \$_____

| Name | Phone number | Pledge |
|-------|--------------|---------|
| _____ | _____ | \$_____ |
| _____ | _____ | \$_____ |
| _____ | _____ | \$_____ |
| _____ | _____ | \$_____ |
| _____ | _____ | \$_____ |
| _____ | _____ | \$_____ |
| _____ | _____ | \$_____ |
| _____ | _____ | \$_____ |
| _____ | _____ | \$_____ |

TOTAL \$_____

I hereby waive all claims against ITN, Sponsors, or any personnel for any injury I might suffer in the event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signed _____