SPONSORSHIP FORM

Bring this form and donations with you to turn in the day of the Expectations Walk for Hope

Walker Name:					Your Goal: \$		
Questions? 570-523-0	6874 ext. 5302.						
Name (Mr. Mrs. Miss)			Name (Mr. Mrs. Miss)			Name (Mr. Mrs. Miss)	
Address		PAID	Address		PAID	Address	
Address City	ST Zip	4	City	ST Zip	4	City ST Zip	
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Name (Mr. Mrs. Miss)			Name (Mr. Mrs. Miss) Address			Name (Mr. Mrs. Miss)	
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Name (Mr. Mrs. Miss)	Name (Mr. Mrs. Miss)		Name (Mr. Mrs. Miss)]	Name (Mr. Mrs. Miss)	
Address		PAID	Address			Address	
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Name (Mr. Mrs. Miss)		7	Name (Mr. Mrs. Miss)]	Name (Mr. Mrs. Miss)	
Address	Address		Address			Address	
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Name (Mr. Mrs. Miss)	Name (Mr. Mrs. Miss) Address		Name (Mr. Mrs. Miss) Address]	Name (Mr. Mrs. Miss)	
Address					Address		
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Name (Mr. Mrs. Miss)			Name (Mr. Mrs. Miss)			Name (Mr. Mrs. Miss)	
Address			Address			Address	
Address City	ST Zip	PAID	City	ST Zip	PAID	City ST Zip	
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Name (Mr. Mrs. Miss)			Name (Mr. Mrs. Miss)]	Name (Mr. Mrs. Miss)	
Address						Address	
Address City	ST Zip	PAID	City	ST Zip	PAID	City ST Zip	
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