



Serving Our Neighbors in Need.

Walker Name: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Congregation/School/Organization: _____

Collect the money when you sign up donors. **Checks should be made payable to: Westfield Food Pantry**
Return funds in this envelope on Walk Day. Don't forget to ask donors if their employee will match their gift!

Donor's Name	Address/City/State/ZIP	Email Address	Donation	Paid
David Donor	123 Elm Street, Cityville, MA 00000	ddonor@gmail.com	\$30	✓
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

Contributions are tax deductible as allowed by law.

STATEMENT OF CONSENT I understand the risks involved in participating in the Fill The Pantry Walk For Westfield and willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event. I grant permission for the organizers to use photographs/images and quotations from me in accounts and promotions of the event.

Signature(s) _____

Parent or guardian's signature if under 18 years of age:

Signature(s) _____

Total cash and checks _____

Please return all unused donation envelopes to your Recruiter:

Name: _____

Email: _____

Phone: _____

FOR OFFICE USE ONLY **Raised Online** _____