Bridgeway Rehabilitation Services
COMMUNITY PARTNERS IN MENTAL HEALTH

2015 SPONSOR PLEDGE FORM

Walker Name _____

Address _____ **City** _____ **State** ____ **Zip** _____

Best Contact Phone _____ **(circle one: home / work / cell)**

Email _____

Bridgeway is a registered 501(c)3 charitable organization. All sponsor donations are tax deductible.
Bridgeway will send invoices to your sponsors after the walkathon

Return your pledge forms to Lisa G. by Friday, October 2, 2015, by mail, by fax 908-355-6668, or in person.
Call Lisa G. at 908-355-7886 x108 with any questions.

SPONSOR NAME	ADDRESS	PHONE	Pledge per mile/ Multiply by 2.5	TOTAL
Example 1	40 Parker Rd., Elizabeth, NJ 07208	908-635-7886	$1	$ 2.50
Example 2	40 Parker Rd., Elizabeth, NJ 07208	908-635-7886	$5	$ 12.50
Example 3	40 Parker Rd., Elizabeth, NJ 07208	908-635-7886	$10	$ 25.00