



The Brain Injury Association of North Carolina

Walk & Roll-athons March & April 2012

Individual Pledge Sheet

All donations are tax deductible



Walk Location: Concord Raleigh Asheville Triad

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Supporter's Full Name	Complete Mailing Address (Street, City, State, Zip)	Phone Number	Pledge
(Example) John Doe	55 BIANC Lane, Raleigh, NC 55555	(123) 456-7890	\$20
1.		()	
My Pledge will be (please check all that apply): <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Mailed <input type="checkbox"/> Picked up by _____ (date) at _____ (location). <input type="checkbox"/> Given now			
2.		()	
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3.		()	
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4.		()	
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5.		()	
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			Total:

Checks should be made payable to the Brain Injury Association of NC (BIANC). Please turn all pledges and pledge sheets in together at the walk. Please put them in a sealed envelope with the total amount written on the front of the envelope and your name.

Please Call BIANC at 1-800-377-1464 with any questions;

Mail to: The Brain Injury Assoc. of NC, PO Box 10912, Raleigh, NC 27605

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