

Organization Name: _____ Phone (____) ____ - _____

Street Address _____ City _____ State _____ Zip _____

Name of Walker: _____ Team Captain Name: _____

**1. Make checks payable to:
Broome County Council of Churches.**

2. Collect donations immediately.

**3. Turn In this envelope with all donations at
Hunger Walk registration tables.**

PLEASE PRINT

	Name	Address	City	State	Zip	Amt. Pd.	Check #
	Example: Jane Jones	100 Elm Street	Binghamton	NY	13905	\$25	
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CHOW Hunger Walk
Sunday, September 18, 2016

Have more donations? We'll gladly give you another envelope.	TOTAL PLEDGES	\$
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