



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Please bring all donations with you to the Walk on Saturday, October 16.**

The preferred method of payment is by check, made payable to The Bridge.

The canceled check is the donor's receipt.

FOR SCHOOLS ONLY  
School Name & Teacher:

\_\_\_\_\_

Each student must complete a form.

Please visit our website [www.bridgelyouth.org](http://www.bridgelyouth.org) to donate with your credit card.

Please help support the families served by The Bridge Youth & Family Services by asking your friends and family members to sponsor you in the Walk. The Bridge is a 501(c)3 organization and contributions are tax-deductible to the fullest extent of the law.

Donor's Name	Donor's Address	Phone	Amount	Company Matching Gift	Total

Please make additional copies of this form as needed. Thank you for walking!

**Total**

