



PLEDGE SHEET

Name of Walker _____ Team Name (if applicable) _____

Address _____

Phone _____ Email _____

Name / Address	Pledge Amt.	Cash	Check
1. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Please make checks payable to "CMHC Foundation," memo "SMSB"

For more information contact Sharon DeGenaro at 203-974-7082 or sharon.degenaro@yale.edu
Forms and additional information also available at www.cmhcfoundation.org