



#WhyIWalkAbout

TEAM DONATIONS

Name _____

Address _____

City _____ State _____ Zip _____

Team Name (if applicable) _____ Team Captain (if applicable) _____

Sunday, **OCTOBER 24, 2021** **EASTVIEW MALL** REGISTRATION 8:30 a.m.
 WALK STARTS 9:00a.m. COSTUME CONTEST 10:00 a.m.
 Please make checks payable to **Al Sigl**.

SPONSOR'S NAME	ADDRESS	DOLLARS RECEIVED
Self Donation		\$25

THANK YOU SENT



THANK YOU!



Contributions may be mailed to Al Sigl before the WalkAbout or delivered the day of the Walk.
 Additional forms are available on the web at alsigl.org or by calling **585.442.4102** ext. 8944, or emailing clemcke@alsigl.org.

