

# SPONSOR SHEET

help us reach our goal of \$200 per walker.

Please make checks payable to:

**The African American Women Health and Education Foundation**

name		
address		
city	state	zip
home phone	business phone	
company / place of business		

<b>SPONSOR'S NAME</b>	<b>PLEDGE AMT.</b>	<b>AMT. RECEIVED</b>
Sample: Myself	\$25	\$25
1.		
2.		
3.		
4.		
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16.		
17.		
18.		
19.		
20.		
	<b>TOTAL</b>	

## Ask About Company Matching Gifts!

Make a list of everyone you can ask. (Don't forget your doctor, dry cleaner, co-worker, and hairdresser)