

RAIN OR SHINE, WE WILL WALK!



Walker's
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Collect the Money When You Sign Up Donors
 Make Checks Payable to **RURAL & MIGRANT MINISTRY**
 Return the Funds in the Attached Envelope to Your Recruiter
 Remember: Employer Matching Gifts can make a difference!

Donor Name	Address/City/State	Zip	Donation	Paid
John Doe	111 Main Street, Our Town, USA	55555	\$25	X
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Contributions are tax deductible as allowed by law

Total Cash & Checks _____

STATEMENT OF CONSENT I understand the risks involved in participating in this Walk for RMM Campers and willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event. I grant permission for the organizers to use photographs/images and quotations from me in accounts and promotions of this event

Signature(s) _____

Parent or guardian's signature if under 18 years of age:

Signature _____

RMM THANKS YOU FOR YOUR SUPPORT!

Please return envelope to your recruiter:

Name: _____

E-mail: _____

Phone: _____