

WALK FOR THE HUNGRY SPONSOR FORM



Walker Name (Last, First)	Street Address, City, Zip	Phone	E-mail
Organization/Congregation Represented: _____ <small>(We'd like to recognize your group's participation in our newsletter)</small>		Walk Coordinator's Name: _____	

\$20 – staple foods for a family of 4 for 5 days!



\$50 – 300 pounds of food from the Regional Food Bank



\$100 – feeds 5 families for almost a week!



SPONSOR INFORMATION: Make checks payable to **Inland Valley Hope Partners Walk**. Return sponsor form and pledges collected on the day of the walk.

	Name (last, first)	Street address	City	Zip Code	Phone	\$20	\$40	\$50	\$100	\$Other	Paid
	Doe, John	123 First Ave	Pomona	91766	909-123-4567		X				X
1											
2											
3											
4											
5											
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7											
8											
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10											
11											
12											
13											

Please use a second form for additional sponsors

THANK YOU FOR SUPPORTING OUR FOOD PANTRIES:
Sova in Ontario; Beta in Pomona and the San Dimas Satellite Center

Total pledged	\$
Total collected	\$
Total still to collect and submit	\$

Administrative Office: 1753 N. Park Ave., Pomona, CA 91768
Phone: 909.622.3806 E-mail: toivcc@verizon.net Check us out at : www.hope-partners.com

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