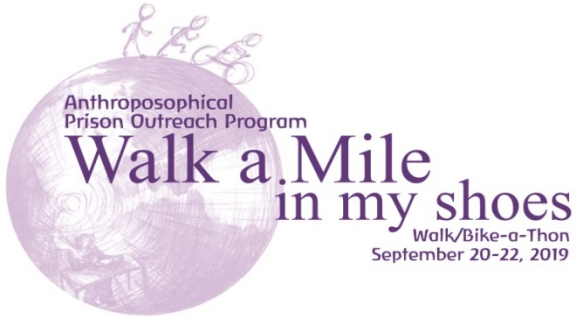
Walker: _____

Address: _____

City, State, ZIP: _____

Email: _____

Phone: _____ Miles to Walk: _____



Donor	Address	City	State	Zip	Phone	Per Mile	Total	Collected