Walker's Name	Total Pledged	\$
Address	Total Online Donations	\$
City, Zip, Phone	Total Cash or Check	\$
Email	Remainder Due by 11/9/20	\$

Make checks payable to Spiritus Christi Mental Health Center. Reference walker's name on check.

Donations can be made online at https://runsignup.com/riverwalkscmhc

Sponsor's Name	Phone #	Address	Pledged	Paid