

# NORTH DAKOTA ASSOCIATION OF THE BLIND

## 2017 Walk for Vision Donation / Pledge Form

Walker's Name: \_\_\_\_\_ Form # \_\_\_\_\_

	NAME	ADRESS	Phone Number	Donation Amount	Paid? Yes/No
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Total Amount Donated ..... \$ \_\_\_\_\_

Make Donations Payable to: North Dakota Association of the Blind or NDAB