

"Stepping Out to Cure Scleroderma" Pledges

| Individual Walker's Name | Team's Name |
|--------------------------|------------------------------|
| Street Address | Team Captain (If Applicable) |
| City State | Walking in Memory of |
| ZipEmail | Walking in Honor of |

| Name | Street Address, City, State, Zip | Amount |
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I cannot attend the walk, please accept my enclosed tax-deductible donation. Total \$:_____

Please photocopy for additional pledge forms, or call 1-866-675-5545 with questions. Please make checks payable to National Scleroderma Foundation Delaware Valley Chapter. National Scleroderma Foundation Delaware Valley Chapter *thanks* you for your support!