

Support a Local Non-Profit

Designate your pledges to an agency of your choice by checking appropriate box below (make checks payable to your selected non-profit):

- Brookes Place for Grieving Young People
- Children's TherAPIay Foundation, Inc.
- Day Nursery Association of Indianapolis, Inc.
- The Emily Yott Foundation, Inc.
- Families for HoPE, Inc.
- Friends of Indianapolis Dogs Outside
- Harrison College Alumni Association
- Indiana Canine Assistant Network
- Indiana Mothers Milk Bank
- Indiana School for the Deaf
- Indianapolis Neighborhood Housing Partnership
- Jackson Center
- Key Consumer Organization, Inc.
- Kids Voice of Indiana
- La Plaza
- Mental Health America of Indiana
- Muscular Dystrophy Family Foundation
- National Junior Tennis League of Indianapolis
- Noble of Indiana Dream Team
- Project Home Indy
- Ruth Lilly Health Education Center
- Sycamore Foundation
- Young Audiences of Indiana
- Share my pledges with** _____

Mail Your Pledges

If you cannot attend the walk, mail this form and pledges to:

Sycamore Foundation
 Attn: Walking for Dreams
 201 N. Illinois Street, Suite 1701
 Indianapolis, IN 46204

Individual Team: Team Name _____ Registered Online? Yes No

Team Captain's Name _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____ Male Female

List Sponsors Below (Please fill-in your information below along with payment choice)		
Sponsor Name	Cash (X)	Online Pledge (X) Amount
1. My own pledge is		
2.		
3.		
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19.		
20.		

BRING THIS FORM TO THE WALK
 RAIN OR SHINE!

All contributions are tax deductible. Make checks payable to your selected non-profit

Total:

In consideration of the advancement of your purpose, objective and work and in consideration of the Sycamore Foundation and organizing local organizations permitting me to participate in the event, on behalf of myself, my heirs, guardians, executors, administrators of assigned attorney fees and court costs, (collectively "claims"), I hereby waive and release all rights and claims for damages which I may have against you, as well as any other person connected with Sycamore Foundation, the local organizations, their heirs, executors, administrators, successors and assigns and any and all injuries which may result directly or indirectly from my participation. I further state that I am in proper physical condition to participate in this event. Also, I give permission for the use of my name and/or picture in any publication or other account of this event.

Walker Signature _____ **Parent /Guardian Signature** (for walkers under 18 years of age) _____