



My Selected Charity:
IAAM
 646 S. Barrington Ave.
 Los Angeles, CA 90049
 1-877-609-IAAM(4226)
 IAAMovement.org

Pledge Form For International Autoimmune Arthritis Movement

walker _____
 address _____
 email _____

team _____
 phone _____

My fundraising Goal: _____

My Step Goal: _____

the following people are sponsoring my walk:

	Name	Contact Info	Flat Pledge Amount	Pledge Per Step	Pledge For Goal	Date Pledge Received	Check, Cash or Online	Will Pledge be Matched
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1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Program Instructions

1. Have your family & friends pledge money for every step, your step goal met, or a flat pledge!
2. Check made out to: **IAAM**
3. Give pledge sheet & collected checks to: (Address above)
4. Thank you for making a difference in the lives of people living with a form of Spondylitis.

Total Amount Raised: _____



Donor Info must be NEAT & Complete for a tax receipt to be issued

Donate the easy way - ONLINE links to partner charities donation portals available at walkyourASoff.com/fundraising/

*Before beginning any new exercise program, consult your physician or physical therapist. They can help provide modifications to suit your particular needs. Ask which exercises you should do and then check to see that you are doing them correctly