MITE WALK PLEDGE SHEET

LWML EASTERN DISTRICT

Submitted by _____

Phone _____

Email _____

Address _____

City/State/Zip _____

Money received will be donated to Mites and used to fund the Eastern District Mission Grants

Name	Phone Number	Pledge per Mile	One Time Pledge	Total Amount Due	Received

Total _____

Make checks payable to: LWML Eastern District, Memo: Mite Walk