

Walker Name: _____

Address: _____

Telephone: _____

E-mail: _____

“Walk for Wanda”

3rd Annual
3 Mile Community Walk

May 7, 2016

9:00 AM - Registration
10:00 AM - Walk Begins

Little Falls High School Track
1 High School Road, Little Falls, NY

*This year's proceeds will be donated
LOCALLY for type 2 diabetes
prevention activities to ...*



PLEDGE FORM

NAME (Please Print)

ADDRESS

TELEPHONE

E-MAIL

PLEDGE AMOUNT

No Minimum Entry Required
Make payable to **Herkimer County HealthNet**

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____



Bassett Healthcare Network
Little Falls Hospital

*Thank you, Little Falls Hospital and the Rotary Club of
Little Falls for your support of diabetes prevention in
Herkimer County!*



**The Rotary Club of
Little Falls #4843**

NAME (Please Print)

ADDRESS

TELEPHONE

E-MAIL

PLEDGE AMOUNT

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

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