



**LIVER CENTER**

# ***PLEDGE SIGN-UP***

Walker's Name: \_\_\_\_\_

Telephone # \_\_\_\_\_ Team Name: \_\_\_\_\_

**Have your sponsors make their checks out to the UAB Liver Center. Please fill out all information so that your sponsors may receive tax deductible information from UAB.**

**Please bring your sponsorship money with you to the event.**

Sponsor's Name	Mailing Address	City, State, Zip	Phone	Donation
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Please photocopy and attach additional sheets if necessary.

