



Please make checks payable to DSAM
 Return pledge sheet and donations to DSAM office
 or bring to Step Up for Down Syndrome Walk (donations are tax deductible)*

656 Transfer Road
 St. Paul, MN 55114
 (651) 603-0720
 (800) 511-3696



Please fill out this section! We have no way of thanking you if you don't! If person collecting pledges is under 18, please include parent or guardian's name

Person Collecting Pledges _____ Team Name _____

Address _____

Phone (____) _____ Email Address _____ Total Collected _____

Sponsors Name	Mailing Address	City, St, Zip	Amount of Donation		Notes
			(Cash)	(Check)	
1.					
2.					
3.					
4.					
5.					
6.					
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11.					
12.					
13.					
14.					
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16.					
17.					
18.					
19.					
20.					

WAIVER: In consideration of being permitted to participate in the ANNUAL STEP UP FOR DOWN SYNDROME I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the Down Syndrome Association of Minnesota or any participating organization, its officers, employees, organizers, volunteers or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities.

Signature _____ Parent's Signature (if participant is under 18) _____