

WALK FOR JUSTICE REGISTRATION 2024



WILLIAM BOOTH

LEGAL AID CLINIC

NAME _____

Address _____ (State) _____ (Zip)

Phone _____ Email _____

Number of Children Attending _____

Additional Walkers:

PLEDGES

A PRIZE WILL BE AWARDED TO THE WALKER WITH THE HIGHEST PLEDGE TOTAL

(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)
(Name)	(Address)	(Pledge Amount)	(Date)

May use additional sheets if necessary

All Checks Must Be Made Payable To:

William Booth Legal Aid Clinic



**All Pledges Must Be Turned In
The Morning Of The Event**



Registration Amt. \$ _____ (\$40 x Walkers)

Other Donation \$ _____

Expiration Date _____ CVV _____

TOTAL \$ _____

Signature _____

PLEASE MAIL REGISTRATION TO:

**WBLAC
3737 LAWTON
DETROIT, MI 48208**

FOR MORE INFORMATION

(313)361-6340

WalkForJustice.org

info@WalkForJustice.org

