TEAM SPONSORSHIP FORM

Walker Information

First Name:_____

Last Name:_____

Email:_____

Address:_____

City/State_____

Zip Code_____

Your TEAM Name

_____

Please join me in participating in the 2021 SPARC Virtual 2K Winter Walk Fundraiser.
I will be completing the 2K Walk to support the mission of SPARC. SPARC is a nonprofit organization that provides recreational, therapuetic, and social skills programs to individuals with developmental disabiities.The funds collected will go to directly to support the expenses of the SPARC programs.
I hope you can consider supporting me.

Donations: Checks payable to SPARC, Inc.

Sponsor Name	Phone Number & Email	Pledge Amount	Paid YES OR NO

Sponsor Name	Phone Number & Email	Pledge Amount	Paid YES OR NO

Any questions please contact SPARC at (914) 243-0583 X 1110.