

# BCARC Down Syndrome Family Group BUDDY WALK PLEDGE FORM

Name (Include team name if applicable): \_\_\_\_\_  
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Daytime Phone: \_\_\_\_\_ Total Collected: \_\_\_\_\_

Please Make Checks Payable to  
**BCARC Down Syndrome Family Group**  
**395 South Street**  
**Pittsfield, MA 01201**

All contributions are tax deductible as allowed by law.

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