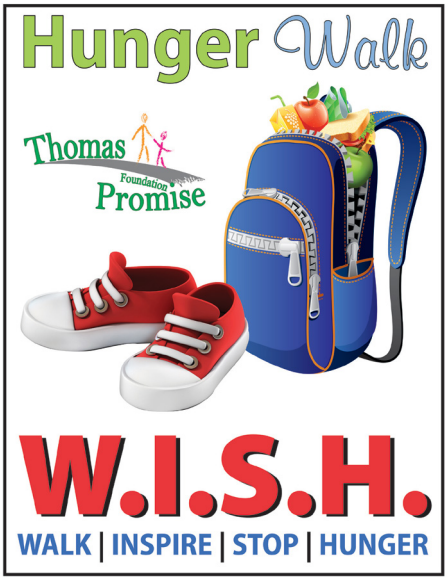


# The Thomas Promise Hunger Walk

**Where:** Zephyrhills High School - 6335 12th Street, Zephyrhills
**When:** Saturday, February 11, 2017 • 8 A.M. - 4 P.M.
**Featuring:** Activities, Games, Food & Entertainment.

**Name:** _____
**Address:** _____
**Phone:** _____
**Email:** _____
**Organization/Group Name:** _____

**Please Collect Donations Upon Sign-Up. Checks Payable to: "The Thomas Promise Foundation."**

***Thank You for Your Kindness & Generosity!***

| DONOR'S NAME | EMAIL ADDRESS | DONATION | CASH | CHECK |
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I understand the risks involved in participating in the Thomas Promise Hunger Walk. I willingly & voluntarily accept the risks. I attest that I am physically fit & prepared for this event. I grant permission to the Thomas Promise Foundation to use photographs & quotations from me in accounts & promotions of this event, in publicity materials & it's affiliates.

Participant Signature _____ Date _____

Parent/Guardian Signature (If under 18 Years old): _____ Date _____

Thomas Foundation Promise

Florida Hospital Zephyrhills

***All donations made payable to The Thomas Promise Foundation 501(c)3, are tax deductible.***

**For more information:** contact Amanda at 813.782.0000 or email ttpf.org@gmail.com.
**Mail to:** The Thomas Promise Foundation · 4542 Gall Blvd · Zephyrhills, FL 33542.