



**SECONDWIND**  
Lung Transplant Association  
of St. Louis

## Second Wind's Lung Walk Walker's Sponsor Form

Use this form to keep track of your sponsors/donors. Be sure to fill out this form completely and turn it into your team captain two weeks prior to walk day OR if that is not possible, bring it with your pre-paid donations to check-in on walk day.

.....  
Team Name: Team Captain

.....  
Walker Name

.....  
Walker Address

.....  
Day Phone Evening Phone

.....  
E-Mail Fax

Personal Goal: \$.....  
Team Goal: \$.....  
Total of Donations Collected  
\$.....

If you have questions pertaining to  
Second Wind St Louis, please contact

**TOM ARCHER**  
by calling (314) 664-6360  
or via email: tea3440@sbcglobal.net.

Please visit [www.secondwindstl.org](http://www.secondwindstl.org) for  
more information. Please let us know  
how we can help you attain your goals.

Name and Address	Donation	✓
1. John Doe, 41 Main St., St. Louis, MO 63xxx	\$50	✓
<b>Totals</b>		

