



Chapter Commitment Form
Share Walk for Remembrance & Hope
Share Pregnancy & Infant Loss Support, Inc.

Contact & Payment Information

Share Chapter Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Registration/Special Instructions/Additional Walk Information _____

I understand ...

- The above information will be used to promote your Share Walk by the National Office in literature and on the National Share Website.
- All Chapters may use their own Walk/Ceremony logo or they may use the National Office Walk Logo.
- Walks must not be held concurrently within a 30-mile radius. If there are multiple Share groups in a community, collaborate and host your event together or host your walk at least 6 months apart.

Signature _____ Date _____

Thank you for supporting Share Pregnancy & Infant Loss Support.
If you have any questions, please reach out to Emily Swain at eswain@nationalshare.org

Share Pregnancy & Infant Loss Support, Inc. is a 501(c)3 tax exempt organization.
Federal Tax #37-1282573.