

# WALK *for* LIFE

## Sponsor Pledge Form



Scan to donate!



WALKER'S NAME \_\_\_\_\_

My Goal \_\_\_\_\_

ADDRESS \_\_\_\_\_

Total Pledges \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Mark all that apply:

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Adult  Teen  Child

CHURCH/GROUP \_\_\_\_\_

\*Please bring completed form to the walk. You may photocopy this form for additional sponsor pledge space (see back of form)

**SPONSORS INFORMATION BELOW** (Checks can be made payable to Life Choices Clinic)

First _____		Last _____		Phone _____	
Address _____			City _____		ST _____ Zip _____
Email _____			Pledge Amount <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other _____		
Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check (Payable to Life Choices Clinic) <input type="checkbox"/> Bill me <input type="checkbox"/> Online (At <a href="http://lcpartners.org">lcpartners.org</a> under Donate tab <u>or</u> scan QR above. Place recurring gifts welcome! funds under Walk for Life)					
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