

Register TODAY at www.LetsWalkforLife.com

Steps to Success!

1. CREATE A FUNDRAISING PAGE ONLINE
2. EMAIL TEN PEOPLE TO SPONSOR YOU
3. CONTACT FIVE FRIENDS TO JOIN YOU
4. ASK YOUR CHURCH TO HAVE A TEAM

OFFICE STAFF USE

Cash		\$	_____
Checks		\$	_____
Pledge Form Total		\$	_____
Online Total	+	\$	_____
GRAND TOTAL	=	\$	_____

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____

Participant agrees to assume all risks associated with the event & agrees to hold harmless, release, defend & indemnify The Pregnancy Center of Gadsden County from all liabilities &/or claims for injury or death to persons or damage in property arising from engagement in the event.

Signed _____ date _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Donation: \$ _____ CC/Debit ONLINE CASH CHK

CARD# _____ EXP _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Donation: \$ _____ CC/Debit ONLINE CASH CHK

CARD# _____ EXP _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Donation: \$ _____ CC/Debit ONLINE CASH CHK

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CARD# _____ EXP _____

Name: _____ Phone: _____

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City: _____ State: _____ Zip: _____

Email: _____

Donation: \$ _____ CC/Debit ONLINE CASH CHK

CARD# _____ EXP _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Donation: \$ _____ CC/Debit ONLINE CASH CHK

CARD# _____ EXP _____

Wow! You are a Life-Saver!
Thank you!



Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Donation: \$ _____ CC/Debit ONLINE CASH CHK
CARD# _____ EXP _____

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
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