

Walk FOR ALTERNATIVES 2010

PREGNANCY CENTER

Sponsor Pledge Form (Please print clearly)

Walker's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Church or group _____
 Team Name/Captain (if applicable) _____
 I am an/a: Adult Teen Child Pastor Team Captain
 My personal goal is \$_____

With support from your family and friends, please...

1. Have each sponsor complete the information below.
2. Make checks payable to Alternatives Pregnancy Center or choose to be billed.
3. Bring this form and any money with you on the day of the Walk.

Name _____ Email _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 \$100 \$75 \$50 \$25 Other \$_____ Bill Me Pd Ck Pd Cash Online

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