

Sponsor Pledge Form

MY GOAL _____ TOTAL PLEDGES _____

Walker's Name _____
 Address _____
 City _____ ST _____ ZIP _____
 Phone _____
 Email _____
 Church/Group _____

I am : Adult Teen Child

Have you walked in a Walk For Life before? Yes No

Shirt Size needed (circle one):

Adult: **S M L XL XXL**

Lifeline Pregnancy Help Clinic
 1515 N. New St., Kirksville, MO 63501
friendsoflifelinephc.org

Please print all information clearly. Make check payable to Lifeline Pregnancy Help Clinic or pledge online at friendsoflifelinephc.org.

	First Name	Last Name	Address	City	ST	Zip	Phone	Email	Pledge	PD
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Pre-Register Today!

Please cut out and return this form today so we will know you're coming!

Name _____

Address _____

City _____

ST/Zip _____

Phone _____

Church/Group _____

Email Address _____

I am : Adult Teen Child

Have you walked with us before?
 Yes No

Shirt Size needed (circle one):
 Adult: S M L XL XXL

I am unable to walk, but will make a donation of \$_____ (Please make check payable to Lifeline Pregnancy Help Clinic).

Please send me _____ additional brochures to distribute at work, church or school.

Return this form to:
 Lifeline Pregnancy Help Clinic
 PO Box 663 • 1515 N. New St.
 Kirksville, MO 63501