

Walk FOR ALTERNATIVES 2011

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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