

# Sponsor Pledge Form

**My Goal** \_\_\_\_\_ **Total Pledges** \_\_\_\_\_

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name \_\_\_\_\_

I am :  Adult  Teen  Child.

Address \_\_\_\_\_

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

City \_\_\_\_\_

Shirt Size needed (circle one):

ST \_\_\_\_\_ Zip \_\_\_\_\_

Child: **M L** Adult: **S M L XL XXL**

Phone \_\_\_\_\_

I am unable to walk, but will make a donation of \$ \_\_\_\_\_

Church/Group \_\_\_\_\_

(Please make check payable to Pregnancy Resource Center).

Email \_\_\_\_\_

## Questions?

**209.836.4415**

Please collect pledges for \$10.00 or less. We will bill for over \$10.00 in pledges following the event.

Pregnancy Resource Center of Tracy  
1039 Central Ave • Tracy, CA 95376  
www.donate.tracyprc.org

**Please print all information clearly. Make check payable to PRC of Tracy.**

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

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