

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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