

Sponsor Pledge Form

Walker's Name: _____

Address: _____

Walker's Phone #: _____

Church or Company: _____

MY GOAL IS: \$ _____
(Average walker raises \$150)

Total checks turned in with this form: \$ _____
Make Check Payable to: Hope Crisis Pregnancy Center
Please DO NOT collect cash.
Please Print All Information and Indicate Pledge Amount.

Please Print All Information CAREFULLY

First Last
Address Apt#
City State Zip Code
Telephone
Amount: \$15 \$25 \$50 \$100 Other \$

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City State Zip Code
Telephone
Amount: \$15 \$25 \$50 \$100 Other \$

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