

WALK4LIFE SPONSORSHIP FORM

WALK4LIFE 2022 (all gifts are tax deductible)

Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Church/Organization: _____

My Goal is: \$ _____

Total Raised: \$ _____

Total Collected: \$ _____

I AM NOT ABLE TO PARTICIPATE BUT WOULD LIKE TO MAKE A DONATION

PLEASE PRINT (Make checks payable to Lakeshore Pregnancy Center.)

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 E-MAIL (FOR RECEIPT) _____

\$20 \$50 \$100 \$200 OTHER
 PAID: CASH CHECK# _____

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
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