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	NAME
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
PHONE	PHONE
E-MAIL (FOR RECIEPT)	E-MAIL (FOR RECIEPT)
□\$20 □\$50 □\$100 □\$200 □OTHER PAID: □CASH □CHECK#	□\$20 □\$50 □\$100 □\$200 □OTHER PAID: □CASH □CHECK#
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