

**WALK4LIFE SPONSORSHIP FORM**

**WALK4LIFE 2021** (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 \_\_\_\_\_  
 E-MAIL (FOR RECEIPT) \_\_\_\_\_

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