

WALK4LIFE SPONSORSHIP FORM

WALK4LIFE 2020 (all gifts are tax deductible)

Name: _____
 Street Address: _____
 City: _____ Zip: _____
 Phone: _____
 E-mail: _____
 Church/Organization: _____

My Goal is: \$ _____

Total Raised: \$ _____

Total Collected: \$ _____

PLEASE PRINT AND COMPLETE ALL INFORMATION (Please make checks payable to Lakeshore Pregnancy Center.)

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

\$20 \$50 \$100 \$200 \$500 OTHER: _____

PAID: CASH CHECK# _____

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 CITY _____ STATE _____ ZIP _____
 PHONE _____
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