## SPONSORSHIP FORM TO BE USED IN THE EVENT THAT AN ONLINE FUNDRAISING PAGE IS NOT CREATED

WALK4LIFE SPONSORSHIP FORM	NALK4LIFE 2024 (all gifts are tax deductible)
Name:	
Street Address:	My Goal is: \$
City: Zip:	
Phone:	Total Raised: \$
E-mail:	Total Collected: \$
Church/Organization:	Total Collected y
Charchyorganization.	
PLEASE PRINT (Make checks payable to: Positive Options.)	
NAME	NAME
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
PHONE	PHONE
E-MAIL (FOR RECIEPT)	E-MAIL (FOR RECIEPT)
AMOUNT	AMOUNT
CASH CHECK#	
NAME	NAME
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
PHONE	PHONE
E-MAIL (FOR RECIEPT)	E-MAIL (FOR RECIEPT)
AMOUNT	AMOUNT
CASH CHECK#	
NAME	NAME
ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP
PHONE	PHONE PHONE
E-MAIL (FOR RECIEPT)	E-MAIL (FOR RECIEPT)
AMOUNT	AMOUNT
CASH CHECK#	CASH CHECK#