

WALK4LIFE SPONSORSHIP FORM

WALK4LIFE 2024 (all gifts are tax deductible)

Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Church/Organization: _____

My Goal is: \$ _____

Total Raised: \$ _____

Total Collected: \$ _____

PLEASE PRINT (Make checks payable to: Positive Options.)

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____
E-MAIL (FOR RECEIPT) _____
AMOUNT _____
 CASH CHECK# _____

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