

WALK4LIFE SPONSORSHIP FORM

WALK4LIFE 2023 (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 Positive Options.)

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) _____

\$20 \$50 \$100 \$200 OTHER

PAID: CASH CHECK# _____

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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NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL (FOR RECEIPT) _____

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CITY _____ STATE _____ ZIP _____

PHONE _____

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\$20 \$50 \$100 \$200 OTHER

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