

# Sponsor FORM

MY GOAL \_\_\_\_\_ TOTAL PLEDGES \_\_\_\_\_

Register ONLINE @ [www.WalkForMyLife.org](http://www.WalkForMyLife.org). For your convenience, use this pledge form to ask friends, family and co-workers in person to sponsor you. Collect their information on here and then record ALL of your support on your personalized fundraising page.

Walker's Name \_\_\_\_\_

I am :  Adult  Youth  Team

Address \_\_\_\_\_

Have you walked in a Walk For Life before?  Yes  No

City \_\_\_\_\_

I am unable to walk, but will make a donation of \$ \_\_\_\_\_  
(Please make check payable to Choices Pregnancy Services).

ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Church/Group \_\_\_\_\_

Email \_\_\_\_\_



626 5th Ave  
Coraopolis, PA 15108  
[www.pregnancychoice.org](http://www.pregnancychoice.org)

**QUESTIONS?**  
**724-457-1220**

No need to collect money. We handle the billing for anyone that is unable to pay at the time of their pledge (\$10 minimum for us to bill, please)!

Please print all information clearly. Make check payable to the Choices Pregnancy Services.

First		Last	
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PLEASE PRINT CLEARLY!

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