

## It couldn't be easier!

- Collect no money!
- Come rain or shine.
- Free T-shirt for \$150 in pledge!
- Great door prizes.
- Run on your own if you can't join in the fun.

## Services

We offer the following FREE services:

- Free Pregnancy and STD Testing
- 24-hour Hotline
- Confidential Peer Counseling
- Support for Boyfriend and Family Members
- Educational Ultrasounds
- Medical Referrals
- Accurate Information
- Clothing, Food, and Baby Furniture
- Post-Abortion Support

## Step 1

Complete and mail or fax the attached Registration Form TODAY.



## Step 2

Ask EVERYONE you know to sponsor you. You will be amazed how many friends and associates will say YES!

## Step 3

Please be sure all names and addresses are complete and easy to read. ALSO, don't forget to include the zip code. Bring your completed Pledge Form(s) the day of the Walk for Life (or mail in if you can't be there). Don't collect any money. We handle the billing.

## Questions?

Call 605-335-0739

SSAM

Hampton Crisis Pregnancy Center  
801 E. 41st Street  
Sioux Falls, SD 57104  
(605) 335-0739

Run4  
Life!

# Steppin Out 4 Life!



Benefitting Hampton CPC

# Sponsor Pledge Form

Bring this completed form to the walk. You may photocopy this form for additional pledge space or call for additional brochures.

Walker's Name \_\_\_\_\_ Church/School/Group \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Phone \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Questions? Call 605-335-0739

PAID First \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 \$15  \$25  \$50  \$100  Other \$ \_\_\_\_\_

PAID First \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 \$15  \$25  \$50  \$100  Other \$ \_\_\_\_\_

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PAID First \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 \$15  \$25  \$50  \$100  Other \$ \_\_\_\_\_

Please complete this form and return by: May 13, 2008  
 Walker's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Church/School/Group \_\_\_\_\_  
 Email \_\_\_\_\_  
 Signature \_\_\_\_\_

I am :  Adult  Teen  Child.

Have you walked in a Walk For Life before?  Yes  No  
 Shirt Size needed (circle one):  
 Youth: **M L** Adult: **M L XL XXL**  
 Please send me \_\_\_\_\_ additional brochures to distribute at work,  
 church or school.  
 I am unable to walk, but will make a donation of \$ \_\_\_\_\_ (Please  
 make check payable to West Pregnancy Care).

West Pregnancy Care  
 801 E. 41st Street, Sioux Falls, SD 57104  
 (605) 335-0739



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Out  
4  
Life!

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Walk Starts at 8 AM, June 13  
Call 555-555-5555



Steppin  
Out  
4Life!



Life Care PRC