Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____

Address _____

City _____

ST _____ Zip _____

Phone _____

Church/Group _____

Email _____

I am : ❑ Adult ❑ Teen ❑ Child.

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

Shirt Size needed (circle one):
Youth: **S M L** Adult: **S M L XL XXL**

❑ I am unable to walk, but will make a donation of $ _____
(Please make check payable to Pregnancy Resource Center).

❑ Please send me _____ additional brochures to distribute at work, church or school.

Questions?

800-338-8928

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)!

Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

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

PLEASE PRINT CLEARLY!

NEW!

Wide Pledge Boxes

Sample Walk for Life Pledge form: 11" x 17"

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

SAMPLE

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Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____Church/Group _____

Address _____

City _____ST _____ Zip _____

Phone _____

Email _____

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

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)!

Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

Questions?
800-338-8928

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
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❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

PLEASE PRINT CLEARLY!

NEW!

Wide Pledge Boxes with Pre-Registration

Sample Walk for Life Pledge form: 11" x 17"

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

First	Last		
Address			
City	ST	Zip	Phone
Email			

❑PAID ❑ BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

Pre-Register Today!

Please cut out and return this form today so we will know you're coming!

Walker's Name _____

Address _____

City _____

ST _____ Zip _____

Phone _____

Church/Group _____

Email _____

I am : ❑ Adult ❑ Teen ❑ Child.

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

Shirt Size needed (circle one):

Youth: **S M L** Adult: **S M L XL XXL**

❑ I am unable to walk, but will make a donation of $ _____
(Please make check payable to Pregnancy Resource Center).

❑ Please send me _____ additional brochures to distribute at work, church or school.

Return this form to: Pregnancy Resource Center
208 Main Street • Dayton, TN 37321
Or pre-register by phone or by email.

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Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____

Address _____

City _____

ST _____ Zip _____

Phone _____

Church/Group _____

Email _____

I am : ❑ Adult ❑ Teen ❑ Child.

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

Shirt Size needed (circle one):
Youth: **S M L** Adult: **S M L XL XXL**

❑ I am unable to walk, but will make a donation of $ _____
(Please make check payable to Pregnancy Resource Center).

❑ Please send me _____ additional brochures to distribute at work, church or school.

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)!

Questions?
800-338-8928

Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

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

	First Name	Last Name	Address	City, ST, Zip	Phone	Email	Pledge $	PAID
1								
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Grid Form

Sample Walk for Life Pledge form: 11 x 17

SAMPLE

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Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____

Address _____

City/ST/ Zip _____

Phone _____

Church/Group _____

Email _____

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)!

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Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

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

	First Name	Last Name	Address	City, ST, Zip	Phone	Email	Pledge $	PAID
1								
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Grid Form with Pre-Registration
Sample Walk for Life Pledge form: 11" x 17"

SAMPLE

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---

Pre-Register Today!

Please cut out and return this form today so we will know you're coming!

Name _____

Address _____

City _____

ST/Zip _____

Phone _____

Church/Group _____

Email Address _____

I am : ☐ Adult ☐ Teen ☐ Child.

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

Shirt Size needed (circle one):
Youth: **S M L**
Adult: **S M L XL XXL**

☐ I am unable to walk, but will make a donation of $ _____
(Please make check payable to Pregnancy Resource Center).

☐ Please send me _____ additional brochures to distribute at work, church or school.

Return this form to:
Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

Or pre-register by phone or by email.

Questions?
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Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____

Address _____

City _____

ST _____ Zip _____

Phone _____

Church/Group _____

Email _____

I am : ❑ Adult ❑ Teen ❑ Child.

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

Shirt Size needed (circle one):
Youth: **S M L** Adult: **S M L XL XXL**

❑ I am unable to walk, but will make a donation of $ _____
(Please make check payable to Pregnancy Resource Center).

❑ Please send me _____ additional brochures to distribute at work, church or school.

Questions?

800-338-8928

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Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

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

Basic Pledge Boxes

Sample Walk for Life Pledge form: 11" x 17"

❑ PAID ❑ BILL ME
First | Last
Address
City | ST | Zip
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

SAMPLE

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Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____

Address _____

City/ST/ Zip _____

Phone _____

Church/Group _____

Email _____

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)!

Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

Questions?
800-338-8928

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

SAMPLE

❑ BILL ME ❑ PAID

First | Last
Address
City | ST | Zip
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

❑ BILL ME ❑ PAID
First | Last
Address
City | ST | Zip
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

Please Print Clearly!

Basic Pledge Boxes with Pre-Registration

Sample Walk for Life Pledge form: 11" x 17"

❑ BILL ME ❑ PAID
First | Last
Address
City | ST | Zip
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

Pre-Register Today!

Please cut out and return this form today so we will know you're coming!

Address

City

ST/Zip

Phone

Church/Group

Email Address

I am : ❑ Adult ❑ Teen ❑ Child.

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

Shirt Size needed (circle one):
Youth: **S M L**
Adult: **S M L XL XXL**

❑ I am unable to walk, but will make a donation of $ _____ (Please make check payable to Pregnancy Resource Center).

❑ Please send me _____ additional brochures to distribute at work, church or school.

Return this form to:
Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

Or pre-register by phone or by email.

Questions?
800-338-8928

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Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____

Address _____

City _____

ST _____ Zip _____

Phone _____

Church/Group _____

Email _____

I am : ❑ Adult ❑ Teen ❑ Child.

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

Shirt Size needed (circle one):
Youth: **S M L** Adult: **S M L XL XXL**

❑ I am unable to walk, but will make a donation of $ _____
(Please make check payable to Pregnancy Resource Center).

❑ Please send me _____ additional brochures to distribute at work, church or school.

Questions?
800-338-8928

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)!

Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

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

PLEASE PRINT CLEARLY!

Expanded Pledge Boxes
Sample Walk for Life Pledge form: 11" x 17"

❑ BILL ME ❑ PAID

First | Last
Address
City | ST | Zip
Phone
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

SAMPLE

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Sponsor Pledge Form

My Goal _____ Total Pledges _____

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name _____

Address _____

City _____

ST _____ Zip _____

Phone _____

Church/Group _____

Email _____

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)!

Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

Questions?
800-338-8928

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

SAMPLE

PAID ❑ BILL ME

First | Last
Address
City | ST | Zip
Phone
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

PAID ❑ BILL ME

First | Last
Address
City | ST | Zip
Phone
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

PLEASE PRINT CLEARLY!

PAID ❑ BILL ME

First | Last
Address
City | ST | Zip
Phone
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

Expanded with Pre-Registration

Sample Walk for Life Pledge form: 11" x 17"

PAID ❑ BILL ME

First | Last
Address
City | ST | Zip
Phone
Email
❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____

Pre-Register Today!

Please cut out and return this form today so we will know you're coming!

Name _____

Address _____

City _____

ST/Zip _____

Phone _____

Church/Group _____

Email Address _____

I am : ❑ Adult ❑ Teen ❑ Child.

Have you walked in a Walk For Life before?

❑ Yes ❑ No

Shirt Size needed (circle one):

Youth: **S M L**
Adult: **S M L XL XXL**

❑ I am unable to walk, but will make a donation of $ _____
(Please make check payable to Pregnancy Resource Center).

❑ Please send me _____ additional brochures to distribute at work, church or school.

Return this form to:
Pregnancy Resource Center
208 Main Street • Dayton, TN 3732.1
prcresources.com

Or pre-register by phone or by email.

Questions?
800-338-8928

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Total to be Billed _____ Total Paid_____ Grand Total_____

Sponsor Pledge Form

Bring this completed form to the Walk. You may photocopy this form for additional pledge space or raise money online at www.pswalkforlife.org.

Walker's Name _____ Team/Church _____

Address _____ Email _____

City _____

ST _____ Zip _____

Phone _____

❑ I am unable to walk, but will make a donation of $_____ .

(Please make check payable to Pregnancy Solutions).

Questions? 941.408.7100

Pregnancy Solutions

504 E. Venice Ave. • Venice, FL 34285 • www.pswalkforlife.org

Please print all information clearly. Make check payable to Pregnancy Solutions.

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

Please Print Clearly!

Custom Pledge Boxes NEW!

Sample Walk for Life Pledge form: 11" x 17"

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

First	Last	Email			
Address		City	ST	Zip	Phone
❑PAID ❑BILL ME ❑ $25 ❑ $35 ❑ $50 ❑ $100 ❑ Other $_____		PAYMENT METHOD: ❑ Cash ❑ Check ❑ Online			

Please register online or complete this registration form and return it by March 1, 2020. Location: ❑ Venice ❑ Port Charlotte

Walker's Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Church/Team _____

Email _____

I release this organization from any liability for this event.

Signature (parent, if minor): _____

I am unable to walk, but will make a donation of $_____
(Please make check payable to Pregnancy Solutions.)

Shirt Size needed (circle one):

Youth: S M L **Adult:** XS S M L XL XXL XXXL
(Minimum donation of $25 is required to receive a T-shirt)

SAMPLE