

SPONSOR PLEDGE FORM

I'm Sponsoring Myself.

See My Donation Below

Walker's Name: _____ I am an/a: Adult Teen Child
 Address: _____ Zip: _____
 Phone: _____ Email: _____
 Church: _____

Please **PRINT AND COMPLETE ALL Sponsor Information.**

OFFICE USE ONLY	
1	2
3	4
5	6

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

FIRST	LAST	ADDRESS CITY	ZIP	PHONE	EMAIL
I PAID \$ _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		BILL ME: <input type="checkbox"/> One Time Only <input type="checkbox"/> Monthly <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER \$ _____ (\$10 Min.)	

(Assure Pregnancy Clinic is a 501c3 - Federal Tax ID # 33-0482936)