

# 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 \_\_\_\_\_

I am:  Adult  Teen  Child

Address \_\_\_\_\_

Have you participated in a Walk For Life before?

City \_\_\_\_\_

Yes  No

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

Shirt Size needed (circle one):

**S M L XL XXL**

Phone \_\_\_\_\_

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

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

Please send me \_\_\_\_\_ additional brochures to  
distribute at work, church or school.

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)!

## QUESTIONS?

318.861.4600

or GiveThemOptions.com

CARE Pregnancy Center

921 Shreveport Barksdale Hwy. • Shreveport, LA 71105

GiveThemOptions.com

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

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME		<input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 Other \$ _____	

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