

# 2017 WALK FOR LIFE FUNDRAISING FORM

**RAIN OR SHINE,  
WE WILL WALK FOR LIFE!**


Walker's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Under 18   
 Email \_\_\_\_\_  
 Church (Full Name) \_\_\_\_\_  
*To make sure your church receives recognition!*

**MY GOAL IS:**

\$200 (T-shirt)  
 \$500 (Ceramic Mug)  
 \$1,000 (Lunch Cooler)  
 \$1,500 (Banquet)

**FOR OFFICE USE ONLY**

CASH \_\_\_\_\_ PLG \_\_\_\_\_ BATCH # \_\_\_\_\_  
 CHKS \_\_\_\_\_ TOT \_\_\_\_\_ SHEET # \_\_\_\_\_  
 DEP \_\_\_\_\_ CC \_\_\_\_\_ G. TOT \_\_\_\_\_

 **ECFA**  
 MEMBER  
*A higher standard. A higher purpose.*

**We promise to honor your generosity by using your gift where it is needed most to help support moms and babies. All contributions are tax deductible. Crisis Pregnancy Center of Tidewater is a member of the Evangelical Council for Financial Accountability.**

**TOTAL RAISED \$ \_\_\_\_\_ AMOUNT TURNED IN TODAY: Cash \$ \_\_\_\_\_ Checks \$ \_\_\_\_\_**

**Don't forget to donate to yourself! .....**

NAME	<b>Donation Information</b>				
ADDRESS	\$25	\$50	\$75	\$100	OTHER
CITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
STATE	BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/>		ZIP		
EMAIL	CHECK # _____		NEED RECEIPT <input type="checkbox"/>		
PHONE	<i>Please do not include pledges or donations entered online.</i>				

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## Save Lives. Spare Hearts. Share the Gospel.

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**Make checks payable to CPC. P.O. Box 119, Norfolk, VA 23501**  
**Print additional fundraising forms at [www.cpcfriends.org/walk](http://www.cpcfriends.org/walk)**

**Questions?**  
**Connect with our Walk for Life team at 757.410.9703.**

