

# 2018 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:

- \$100 (Cash)  
 \$500 (In-Kind or Cash)  
 \$1,000 (In-Kind or Cash)  
 \$2,500 (In-Kind or Cash)

### FOR OFFICE USE ONLY

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



We promise to honor your generosity by using your gift where it is needed most to help support research and healing. All contributions are tax deductible. Celia 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 \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 Please do not include pledges or donations sent online.  
 NEED RECEIPT?

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

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Make checks payable to CPC. Mailing address: P.O. Box 119, Norfolk, VA 235 01  
 Print additional fundraising forms at [www.pcpfriends.org/walk](http://www.pcpfriends.org/walk)

Questions? Connect with our Walk for LIFE team at 757.410.9703.

