

2019 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
 \$500
 \$1,000
 \$1,500

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 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	Donation Information	
ADDRESS	\$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER <input type="checkbox"/> \$	
CITY STATE ZIP	BILL ME <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/>	
EMAIL	CHECK # _____	
PHONE	NEED RECEIPT <input type="checkbox"/>	
<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. Mailing address: P.O. Box 119, Norfolk, VA 23501
 Print additional fundraising forms at www.cpcf.org/walk.

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



