

2024 WALK FOR LIFE FUNDRAISING FORM

*RAIN OR SHINE
WE WILL WALK FOR LIFE!*

Walker's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ 0-12 13-17 18-22 23-39 40-64 65+
 Email _____
 Church (full name) _____

To make sure your church gets recognition!

MY GOAL IS:

\$300
 \$600
 \$1,200
 \$1,800

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 \$ _____

REMINDERS

to ensure accurate processing of your form

- Fill in each box completely and legibly with full name(s), address, email, phone, and donation information.
- 'Bill Me' is a pledge to pay later. CPC will mail statements along with a payment slip and envelope to remit payment.
- AVOID DUPLICATE ENTRIES! Please do not include pledges or donations entered on your online fundraising webpage.
- Make checks payable to CPC. MAILING ADDRESS: P.O. BOX 119, NORFOLK, VA 23501
- Ensure all cash and checks included match the entries on your fundraising form or online fundraising webpage.

Don't forget to donate to yourself!

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

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QUESTIONS? Connect with our Walk for LIFE team at 757.410.9703 or email us at walk@cpcot.org.