2025 WALK FOR LIFE FUNDRAISING FORM

FOR OFFICE USE ONLY Walker's Name MY GOAL IS: Address_ CASH PLG BATCH # \$300 CHKS TOT_ SHEET # State. City_ Zip_ DEP CC G. TOT 0-7 8-12 13-17 18-22 23-39 40-64 \$600 65+ Phone_ 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 Email \$1.200 ECFA Church (full name)_ \$1,800 Pregnancy Center of Tidewater is a member of the Evangelical Council for Financial Accountability. To make sure your church gets recognition! **TOTAL RAISED: \$ AMOUNT TURNED IN TODAY: CASH \$ CHECKS**\$ 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. ensure accurate processing Make checks payable to CPC. MAILING ADDRESS: P.O. BOX 119, NORFOLK, VA 23501 of your fundraising form 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 NAME Donation Information ADDRESS \$25 \$50 \$75 \$100 OTHER ADDRESS \$25 \$50 \$75 \$100 OTHER CITY STATE ZIP CITY STATE ZIP BILL ME CASH CHECK EMAIL EMAIL CHECK # CHECK # PHONE PHONE NEED RECEIPT NEED RECEIPT Please do not include pledges or donations entered online. Please do not include pledges or donations entered online. NAME Donation Information NAME Donation Information ADDRESS ADDRESS \$25 \$50 \$75 \$100 OTHER \$25 \$50 \$75 \$100 OTHER CITY CITY STATE 7ID STATE 7ID BILL ME CASH CHECK EMAIL EMAIL CHECK # CHECK # PHONE PHONE NEED RECEIPT NEED RECEIPT Please do not include pledges or donations entered online. Please do not include pledges or donations entered online NAME NAME Donation Information Donation Information ADDRESS \$25 \$50 \$75 \$100 OTHER ADDRESS \$25 \$50 \$75 \$100 OTHER ||\$ ||\$ CITY STATE ZIP CITY STATE ZIP BILL ME CASH CHECK BILL ME CASH CHECK EMAIL EMAIL CHECK # CHECK # PHONE PHONE NEED RECEIPT NEED RECEIPT Please do not include pledges or donations entered online. Please do not include pledges or donations entered online. NAME NAME Donation Information Donation Information \$25 \$50 \$75 \$100 OTHER \$25 \$50 \$75 \$100 OTHER ADDRESS ADDRESS CITY CITY STATE ZIP STATE ZIP BILL ME CASH CHECK BILL ME CASH CHECK EMAIL EMAIL CHECK # CHECK # PHONE PHONE NEED RECEIPT NEED RECEIPT Please do not include pledges or donations entered online. Please do not include pledges or donations entered online. NAME NAME Donation Information Donation Information ADDRESS ADDRESS \$25 \$50 \$75 \$100 OTHER \$25 \$50 \$75 \$100 OTHER CITY STATE ZIP CITY STATE ZIP BILL ME CASH CHECK BILL ME CASH CHECK EMAIL EMAIL CHECK # CHECK # PHONE PHONE NEED RECEIPT NEED RECEIPT Please do not include pledges or donations entered online. Please do not include pledges or donations entered online. NAME Donation Information NAME Donation Information ADDRESS ADDRESS \$25 \$50 \$75 \$100 OTHER \$25 \$50 \$75 \$100 OTHER CITY ZIP CITY ZIP STATE STATE BILL ME CASH CHECK BILL ME CASH CHECK EMAIL EMAIL CHECK # CHECK # PHONE PHONE NEED RECEIPT NEED RECEIPT Please do not include pledges or donations entered online. Please do not include pledges or donations entered online.

SAVE LIVES. SPARE HEARTS. SPREAD THE GOSPEL. QUESTIONS? Connect with our Walk for LIFE team at 757.410.9703 or email us at walk@cpcot.org.