

Center Name

555 Main Street  
Townsville, ST 01234

Non-Profit Org  
US Postage  
PAID  
Townsville, ST  
Permint #123

Walk  
FOR  
Life

11x17 Brochure

Walk  
FOR  
Life

SATURDAY, SEPTEMBER 6TH

DAYTON WALKING TRACK  
REGISTRATION 8:30 AM • WALK BEGINS 9:00 AM



**IT'S EASY!**

- Collect no money!
- Only a two mile walk – bring the whole family.
- Come rain or shine.
- Free T-shirt for \$200 in pledges!
- Walk on your own if you can't join us.

**YOUR SUPPORT HELPS**

Your support helps provide accurate information and compassionate assistance to men, women and students every year. We offer comprehensive, positive alternatives to abortion.

**STEP 1:** Register online, by mail, by phone, or with your group leader TODAY.

**STEP 2:** Ask EVERYONE you know to sponsor you. You will be amazed by how many will say YES!

**STEP 1:** Please be sure all names and addresses are complete and easy to read. Bring you completed Pledge Form(s) the day of the Walk (or walk on your own and mail it in). Don't collect any money. We'll handle the billing.

**OUR SERVICES**

- Pregnancy and STD Testing
- Educational Ultrasounds
- 24-hour Helpline
- Medical Referrals
- Confidential Peer Counselling
- Accurate Information
- Post-Abortion Support

**QUESTIONS?**

1-800-338-8928 or [prcresources.com](http://prcresources.com)

CENTER NAME

Saturday, September 6th

DAYTON WALKING TRACK

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# Sponsor Form

MY GOAL \_\_\_\_\_ TOTAL \_\_\_\_\_

PRINT CLEARLY PLEASE!

11x17 Brochure

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name \_\_\_\_\_ I am:  Adult  Teen  Child

Address \_\_\_\_\_ Have you walked in a Walk for Life before?  Yes  No

City \_\_\_\_\_ Shirt Size needed (circle one):  
Youth: S M L Adult: S M L XL XXL

State, Zip \_\_\_\_\_  I am unable to walk, but will make a donation of \$ \_\_\_\_\_.  
(Please make check payable to The Center).

Phone \_\_\_\_\_  Please send me \_\_\_\_\_ additional brochure to distribute  
at work, church or school.

Church/Group \_\_\_\_\_

Email \_\_\_\_\_

**QUESTIONS?**  
1-800-338-8928

No need to collect money. We handle the billing for anyone that is unable to pay at the time of their pledge! (\$10 minimum for us to bill, please)

**THE CENTER**  
555 Main Street • Townsville, ST 5555  
prcresources.com

Please print all information clearly. Make check payable to The Center.

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

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PAID  
Townsville, ST  
Permint #123

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CENTER NAME  
Saturday, September 6<sup>th</sup>  
DAYTON WALKING TRACK  
REGISTRATION 8:30 AM • WALK BEGINS 9:00 AM

SATURDAY, SEPT 8.5x14 Brochure

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Walker's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Church/Group \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## QUESTIONS?

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	First Name	Last Name	Address	City	ST	Zip	Phone	Email	Pledge	PD
1										
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Please cut out and return this form today so we will know you're coming!

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

St/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Church/Group \_\_\_\_\_

Email Address \_\_\_\_\_

I am :  Adult  Teen  Child

Have you walked with us before?  
 Yes  No

Shirt Size needed (circle one):  
 Youth: S M L  
 Adult: S M L XL XXL

I am unable to walk, but will make a donation of \$ \_\_\_\_\_  
 (Please make check payable to The Center).

Please send me \_\_\_\_\_ additional brochures to distribute at work, church or school.

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