



LOVE PREGNANCY

CENTER
899 S. City St,

IT'S A
*wonderful
walk*

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

MAY 19, 2025

WOODLAND PARK WALKING TRAIL
REGISTRATION 8:30AM • WALK: 9:00AM

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.

OUR SERVICES

- Confidential Peer Counselling
- Educational Ultrasounds
- Medical Referrals
- Accurate Information
- Post-Abortion Support

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!

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 3:

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.



 Love Pregnancy Center

IT'S A
*wonderful
walk*



MAY 19, 2025

WOODLAND PARK WALKING TRACK
REGISTRATION: 8:30AM • WALK: 9:00AM

questions? 1-800-338-8928
yourpregnancycenter.com

SPONSOR Form

MY GOAL _____ TOTAL _____

Print Clearly Please!

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 _____
 Address _____
 City _____
 State, Zip _____
 Phone _____
 Church/Group _____
 Email _____

I am: Adult Teen Child
 Have you walked in a Walk for Life 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
 \$_____.

questions? 1-800-338-8928
 yourpregnancycenter.com

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)



LOVE PREGNANCY
 CENTER
 899 S. City St,

Please print all information clearly. Make check payable to Love Pregnancy 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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			

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 \$_____			