

**WALK FOR LIFE – SPONSOR PLEDGE FORM**

2 Perlman Dr. Suite LL9, Spring Valley, NY 10977 Phone 845-352-6108

Walker's Name \_\_\_\_\_

**PLEASE BRING THIS PLEDGE FORM & ANY ONLINE FORMS WITH YOU TO THE WALK SITE ON WALK DAY (OR MAIL TO ABOVE ADDRESS).**

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Team \_\_\_\_\_ Church/Org \_\_\_\_\_

**FOR ACCOUNTING PURPOSES ONLY**

Your Fund-raising Goal: \$ \_\_\_\_\_  
 1. Total Pledged \$ \_\_\_\_\_  
 2. Total Paid \$ \_\_\_\_\_  
 3. Total Raised: (1+2): \$ \_\_\_\_\_

**If "Bill Me Later", Address is Required Make Checks Payable to: Care Net Pregnancy Center of Rockland Please PRINT clearly**

This is a single, tax-deductible donation – NOT a per-mile pledge. Need more info? Visit [walkforliferockland.org](http://walkforliferockland.org) for tips and FAQs

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|---|---|
| <p><b>Name</b> _____ <b>Phone</b> _____</p> <p><b>Address</b> _____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____</p> <p><b>E-mail</b> _____<br/>                     (to opt-in to e-mail communication)</p> <p><input type="checkbox"/> Paid Cash <input type="checkbox"/> Check <input type="checkbox"/> Paid Online <input type="checkbox"/> Bill me later <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other</p> | <p><b>Name</b> _____ <b>Phone</b> _____</p> <p><b>Address</b> _____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____</p> <p><b>E-mail</b> _____<br/>                     (to opt-in to e-mail communication)</p> <p><input type="checkbox"/> Paid Cash <input type="checkbox"/> Check <input type="checkbox"/> Paid Online <input type="checkbox"/> Bill me later <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other</p> |
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