

# Sponsor Pledge Form

My Goal \_\_\_\_\_ Total Pledges \_\_\_\_\_

**Questions?**

**818-626-9404**

for online registration, go to [withopenarms.org/walk-for-life](http://withopenarms.org/walk-for-life)

Bring this completed form to the walk.

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

Phone \_\_\_\_\_

Address \_\_\_\_\_

Church \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Email \_\_\_\_\_

**Open Arms Pregnancy Clinic**

9535 Reseda Boulevard, Suite 303  
Northridge, CA 91324

All donations are tax deductible. In order to qualify for prizes, all donations must be turned in at the event. Unpaid pledges will not count.

**Please print all information clearly. Make check payable to Open Arms Pregnancy Clinic.**

First Name	Last Name	Address	City, ST, Zip	Phone	Email	Cash Paid	Check Paid
<b>Totals</b>							
<b>Total Raised</b>							