



livingalternatives
pregnancy resource center

SPONSOR PLEDGE FORM

WALKER'S NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ CHURCH _____
 EMAIL _____
 TOTAL PLEDGES \$ _____

Please tally your sponsor pledge form.

Please PRINT clearly and fill out all the information COMPLETELY. Contact the PRC for additional forms.

IF PAID

Cash
 Check

NAME (first, last) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 EMAIL (optional) _____
 AMOUNT (circle) \$15 \$20 \$25 \$50 \$100 Other: \$ _____
 PAYMENT (circle) Enclosed Paid FundEasy Pledged

check # _____

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