

# Foundations of Life Pregnancy Center

## Walk For Life 2015 Sponsor Pledge Form

My Goal is:

- \$ 100
- \$ 150
- \$ 250
- \$ 500
- \$ 1,000
- \_\_\_\_\_

Walker's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Church or Group: \_\_\_\_\_  
 I am an/a:  Adult  Teen  Child  Pastor/Priest  
 Under 18 – Parent's signature: \_\_\_\_\_

**I release this organization from any liability for this event**

**Please Print – Indicate amount of donation**

First _____ Last _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____ <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check	First _____ Last _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____ <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check
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Donations to Catholic Charities are tax deductible to the fullest extent of the law. Catholic Charities is a non-profit 501(c)3 organization. A copy of the official registration and financial information may be obtained from the FL. Dept. of Agr. & Consumer Services by calling 1-800-435-7352. Registration does not imply endorsement, approval or recommendation by the state.

Total Pledges \$ \_\_\_\_\_

Make Checks Payable to: Catholic Charities, DOSP

**Foundations of Life Pregnancy Center**  
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