

SPONSOR PLEDGE FORM

MY GOAL _____ TOTAL PLEDGES _____

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 _____

ST _____ Zip _____ Phone _____

Email _____

Church/School/Group _____

I release this organization from any liability for this event.

Signature _____

I am unable to walk, but will make a donation of \$ _____

Please make check payable to CARE NET PREGNANCY CENTER,
PO Box 836, Vero Beach, FL 32961-0836

Total Cash \$ _____ Total Checks \$ _____ Total "Bill Me" \$ _____

\$10 minimum for us to bill, please.

QUESTIONS?
772.569.7939
carenetwalk.com

I am : Adult Teen Child Pastors' ELIJAH WALK (one mile trail under the oaks)

For more information about our services, please visit us online at www.carenetirc.org.

PAID **BILL ME**

First	Last		
Address			
City	ST	Zip	
Phone			
Email			
<input type="checkbox"/> \$25 <input type="checkbox"/> \$35 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

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