

SPONSOR PLEDGE FORM

Capital Area Pregnancy Center
Life Choices Clinic
2515 Gettysburg Rd.
Camp Hill, PA 17011

QUESTIONS? CALL 717-761-4410

PLEASE COLLECT ANY PLEDGE UNDER \$10 TO SAVE EXPENSES

Bring this completed form to the walk.

You may photocopy this form for additional pledge space or call for a brochure

Walker's Name _____ Phone _____

Address _____

City _____ St _____ Zip _____

Church _____ Youth group name _____

Email address _____

To Register email your name, address, phone number, church name, youth group name (if walking with your youth group) and email address to Christy@capchelp.org.

Check out our website for a link to register for the walk and begin raising pledges online!

Please Print all Information Clearly

First _____ Last _____

Address _____

City _____ St _____ Zip _____

\$15 \$25 \$50 \$100 Other PAID

First _____ Last _____

Address _____

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\$15 \$25 \$50 \$100 Other PAID

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PAGE 1 TOTAL PLEDGES: _____

