

**2025 Walk for Life Pledge Sheet**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Sponsor walkers by pledging a donation amount per mile walked, or a flat donation. All proceeds benefit Elsinore Valley Pregnancy Resource Center.*

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| Sponsor Name | Address / Phone | Pledge Per Mile | Flat Donation |
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Walker’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for supporting life and the Elsinore Valley Pregnancy Resource Center!