



# Thank you for your participation!

This pledge form is for keeping record of donations you procure. While you are welcome to, you do not have to collect donations yourself. If you prefer not to, the following is the information you will need to give your donors so they will be able to send in their donation. Please give us your completed form after the walk.

Online: [moreheadpregnancy.com](http://moreheadpregnancy.com) donation through Paypal  
Check: Make out checks to: Hope Pregnancy Care Center  
Mailing Address: 167 East Main St. Morehead, KY 40351

Walker's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

PAID

First	Last					
Address						
City	ST	Zip				
<input type="checkbox"/> \$15	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other __	<input type="checkbox"/> Check	<input type="checkbox"/> Cash

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*Hope Pregnancy Care Clinic's Walk for Life ~ July 17, 2021  
...Growing Families One Life at a Time...*