

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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Thank you from the bottom of our hearts 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, here is the information you'll need to let donors know how they can give.

To Give Online: [Moreheadpregnancy.com](http://Moreheadpregnancy.com)- "donate" through Paypal;  
Make the checks out to "Hope Pregnancy Care Center" for the amount pledged,  
our address is 167 East Main St. Morehead, KY 40351

*Hope Pregnancy Care Clinic's Virtual Walk for Life 2020; June 21 - June 28*  
*...Growing Families One Life at a Time...*