

2018 WALK FOR LIFE FUNDRAISING FORM

MY GOAL \$ _____

SEPT. 29, 2018 • 8 AM • HIGH BRIDGE TRAIL

TOTAL COLLECTED \$ _____

Raise \$100 and receive a WFL2018 T-shirt

Note: Please remember to collect all monies when the donation is made. Make all checks payable to **Pregnancy Support Center**

NAME	ADDRESS		\$25	\$50	\$75	\$100	OTHER	TOTAL
		Email:						
		Phone:						
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		Phone:						

Walker's Name _____ Phone _____

Address _____ Church/Group _____

City _____ State _____ Zip _____ Email _____

I release this organization from any liability for this event.

Signature (parent or guardian if minor)

QUESTIONS?

Contact the Pregnancy Support Center (434)391-1011
info@pscfarmville.org • www.pscfarmville.org • P.O. Box 81, Farmville, VA 23901

Completed forms and donations can be mailed, turned in the day of the Walk or dropped off at the PSC office on Friday, Sept. 28th between 9 a.m. & 7 p.m.

