

Sponsor Pledge Form

WALK FOR LIFE GOAL - \$25,000

Please PRINT legibly and provide ALL information. You may photocopy this form for additional pledge space or download a PDF from our website at AshlandCareCenter.org/Walk.

Please turn in any money collected in advance with completed pledge forms to the Center by Tuesday, Sept. 28th. We will bill anyone that is unable to pay at the time of their pledge (\$20 minimum for us to bill, please!)

Walker/Runner Name _____

Address _____

City _____

ST _____ Zip _____

Phone _____

Church/Group _____

Email _____

MY GOAL _____ TOTAL PLEDGES _____

I am participating in: ☐ Walk ☐ 5k Fun Run

I am : ☐ Adult (18+) ☐ Teen (11-17) ☐ Child (0-10)

Age if under 18: _____

Have you participated in a Walk For Life before? ☐ Yes ☐ No

I am participating as:

☐ Individual ☐ Team Captain ☐ Team Member

Team Name _____

A team consists of 3 or more fundraisers. Each fundraiser must have their own pledge sheet and/or online fundraising page.

Team Captain Name _____

QUESTIONS? 419.281.1111 Please print all information clearly. Make check payable to Ashland Pregnancy Care Center. NOTE: Please do not include pledges or donations recorded online.

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> Other \$	<input type="checkbox"/> Bill Me <input type="checkbox"/> Cash <input type="checkbox"/> Check #

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Receive a FREE T-SHIRT & entry into prize drawings with \$25 sponsorship!

PERSONAL FUNDRAISING INCENTIVES:

Level 1 - Raise \$150 Earbuds



Level 2 - Raise \$600 Picnic Blanket



Level 3 - Raise \$1,000 Roller Cooler



Please note: Incentives will not be available for purchase before the Walk/Run or the day of the event. These incentives are for personal fundraising efforts. T-shirts sizes are first-come, first-served basis.