

# Walk for Life & 5K FUN RUN 2024

**SATURDAY, SEPTEMBER 28**

## DOWNTOWN ASHLAND CORNER PARK

7:00 a.m. 5K Fun Run Check-In

8:15 a.m. Walk Check-In

8:00 a.m. 5K Fun Run Begins

9:30 a.m. Walk Begins

We will have a short program at 9:00 a.m. followed by a group picture. Refreshments and snacks will be provided.

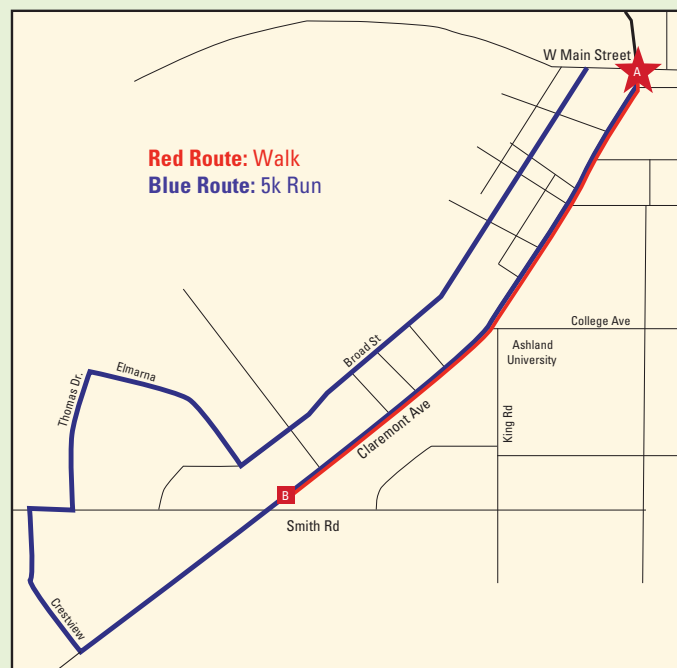
## IT'S EASY!

- Only a two-mile walk – bring the whole family.
- Walk/Run as an individual or team. (*Team consists of 3 or more people*)
- Come rain or shine!
- Walk/Run on your own if you can't join us.

**STEP 1:** Register online at [www.AshlandCareCenter.org/Walk](http://www.AshlandCareCenter.org/Walk)

**STEP 2:** Ask EVERYONE you know to sponsor you. You will be amazed how many will say YES!

**STEP 3:** Please be sure all names and addresses are complete and easy to read. Bring your completed Pledge Form(s) and checks/cash to Ashland Pregnancy Care Center by Tuesday, Sept. 24th. You may also bring the day of the Walk/Run. We'll take care of the billing for pledges \$20 or more.



## WALK:

Choose your own pace to complete the 2-mile walk starting at Corner Park up Claremont to Smith Road (Christ UMC) and return to Corner Park.

## RUN:

Pre-register for our 7th Annual 5K Fun Run! When you pre-register, there is a \$25 sponsorship (per runner) required. The required sponsorship increases to \$50 on the day of the event.

## IMPACT:

Supporting the ministry of Ashland Pregnancy Care Center is easy! Fundraise online or by using this pledge sheet. For more information, visit [www.AshlandCareCenter.org/Walk](http://www.AshlandCareCenter.org/Walk).

119 Sloan Ave. • Ashland, OH 44805  
[ashlandcarecenter.org](http://ashlandcarecenter.org) • (419) 281-1111

## YOUR SUPPORT WILL HELP

## Save Lives!

Your support helps provide accurate information and compassionate assistance to women and men facing an unplanned pregnancy. We offer comprehensive, positive alternatives to abortion. Our free and confidential services include:

- Pregnancy Testing
- Limited OB Ultrasounds
- Options Counseling
- Learn & Earn Program
- Mom & Dad Mentoring
- Referrals for Community Services
- Post-Abortion, Miscarriage, and Infant Loss Recovery
- Adoption Information
- Bible Studies nurturing spiritual growth
- Sexual Integrity and more...

We are a Christ-centered ministry offering compassion, hope, and help to women and men facing critical pregnancy decisions by establishing trusted relationships, equipping through education and resources, and empowering families to live life according to God's plan. Ashland Pregnancy Care Center is completely funded through private donations and fundraisers like Walk for Life.



For  
*Such*  
A Time  
As This



*"...who knows but that you have come  
...for such a time as this?"*

– Esther 4:14b

Walk for Life  
& 5K FUN RUN 2024

**SATURDAY, SEPTEMBER 28, 2024**

**DOWNTOWN ASHLAND CORNER PARK**

**TAKE THE FIRST STEP & REGISTER:**  
[www.AshlandCareCenter.org/Walk](http://www.AshlandCareCenter.org/Walk)





SPONSOR PLEDGE FORM

WALK FOR LIFE GOAL - \$50,000

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. 24th. 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)

T-shirt Size: \_\_\_\_\_

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

PLEASE PRINT CLEARLY! 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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

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 # _____

PERSONAL FUNDRAISING INCENTIVES:



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

Level 1 -  
Raise \$150  
Toiletry Bag



Level 2 -  
Raise \$600  
Bluetooth Speaker



Level 3 -  
Raise \$1,000  
Blanket



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.