

2013 WALK FOR LIFE FUNDRAISING FORM



THERE'S NO LIMIT TO THE AMOUNT YOU CAN RAISE!

Walker's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Under 18

Email _____

Church _____

Who asked you to walk? *First* _____ *Last* _____

MY GOAL IS:

\$175 (T-shirt)

\$300 (Tote)

\$600 (Towel)

\$1,000 (Cooler)

\$1,500 (Dinner)

FOR ACCOUNTING PURPOSES ONLY

Cash _____ Checks _____ Deposit _____

Pledges _____ Online _____ Total _____

Batch # _____ Sheet # _____ Difference _____



A higher standard.
A higher purpose.

We promise to honor your generosity by using your gift where it is needed most to help support moms and babies. Crisis Pregnancy Center of Tidewater is a member of the Evangelical Council for Financial Accountability.

TOTAL RAISED \$ _____

TOTAL COLLECTED \$ _____

COMPLETED FUNDRAISING FORMS may be turned in at the Walk or **MAILED TO:** Crisis Pregnancy Center of Tidewater, P.O. Box 119, Norfolk, VA 23501-0119. **You do NOT need to collect the money.** Turn in your FUNDRAISING FORM and we will mail a pledge reminder to your donors. If donors want to give you money, please mark "PAID CASH" or "PAID CHECK," and turn in the checks and/or cash with your form. **If you've recorded donations and pledges on your fundraising website, you don't need to duplicate them here.** Thank you!

NAME	Donation Information	
ADDRESS	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/> BILL ME <input type="checkbox"/>
CITY	STATE	ZIP
EMAIL	CHECK # _____	
PHONE	\$25 <input type="checkbox"/>	\$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> OTHER <input type="checkbox"/> \$ _____
CHURCH	NEED RECEIPT <input type="checkbox"/>	

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Save lives!