

SPONSOR PLEDGES

Please **PRINT**
all information!

OFFICE USE

WK ID	CH ID
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Walker Name: _____ Church/Group: _____

Address/City/ZIP _____ Phone _____

- Adult
 Youth (12-17)
 Child (0-11)
 Clergy
 Liaison

WAIVER: By signing below, I hereby release Harbor House Maternity Home, Inc., from any claim, liability, or cause of action on account of accident or injury which may occur or arise out of participation by me (or my child _____) in the "Walk for Life."

Adult Signature: _____

Email: _____

My **GOAL** is:

\$150
 \$500
 \$250
 \$750
 \$ _____

FIRST	LAST
ADDRESS	
CITY	ST ZIP
<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$40 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$25 <input type="checkbox"/> Other \$ _____	
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Total pledges on this sheet: \$ _____

OFFICE USE PG PD