

2020 WALK FOR LIFE FUNDRAISING FORM RAIN OR SHINE, WE WILL WALK FOR LIFE!

Walker's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ 0-12 13-17 18-22 23-39 40-64 65+
 Email _____
 Church (Full Name) _____
To make sure your church receives recognition!

MY GOAL IS:

\$250
 \$500
 \$1,000
 \$1,500

FOR OFFICE USE ONLY

CASH _____ PLG _____ BATCH # _____
 CHKS _____ TOT _____ SHEET # _____
 DEP _____ CC _____ G. TOT _____



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

TOTAL RAISED \$ _____ **AMOUNT TURNED IN TODAY: Cash \$** _____ **Checks \$** _____

NAME	Donation Information				
ADDRESS	\$25	\$50	\$75	\$100	OTHER
CITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$
STATE	ZIP				
EMAIL	BILL ME	CASH	CHECK		
PHONE	CHECK # _____				
<i>Please do not include pledges or donations entered online.</i>					NEED RECEIPT <input type="checkbox"/>

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Make checks payable to CPC. Mailing address: P.O. Box 119, Norfolk, VA 23501
 Print additional fundraising forms at www.cpcfriends.org/walk.

Questions?
 Connect with our Walk for LIFE team at 757.410.9703 or email us at walk@epcot.org.