

Out-of-Town Sponsor Form

Walker's Name _____

Address _____

Phone # _____ Email _____

Dear _____,

I am participating in this year's Walk for Life for the Southern Ohio Pregnancy Center. I hope you will help me reach my goal of \$ _____.

The reason I am participating is _____.

The Southern Ohio Pregnancy Center was founded in 1991 to provide practical assistance, encouragement and unconditional love to women and families in need. They offer hope to abortion-vulnerable women so they might choose life for their babies and healing for those experiencing pain and grief from past decisions. The FREE services provided:

- Self-administered pregnancy tests
- One-on-one peer counseling
- Referrals: Medical, Adoption, Social Services
- Infant clothing and baby care items
- Abstinence education
- Circle of Friends & Road to Fatherhood Parenting Classes for first-time parents
- HUGS (Helping You Grow Strong) Parenting Classes for parents with children
- Post-abortion counseling

Please sponsor me by marking one of the boxes below. **DO NOT SEND ANY MONEY NOW!** You will be notified after I have completed the Walk for Life (September 14, 2019). This is a non-profit organization and depends solely on the support and help from people like us! Thanks!

Please complete the information below and check one of the boxes to indicate your **ONE TIME GIFT**. This is not a pledge per mile. *All gifts are tax deductible as permitted by the IRS.*

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Total Pledge of \$20 \$25 \$30 \$50 \$100 Other \$ _____

(\$10 minimum for billing, please)

The Walk for Life is Saturday, September 14, 2019. Please return this form as soon as possible so the walker can turn in the information on the morning of the Walk.

Please fold, tape, add postage and return this entire form to the walker. If you received this via email, complete the necessary information and return to the sender.

Thank you for honoring life!