

Walk Sponsor Pledge Form

Walker's Name _____ Email _____
 Phone _____ Address _____
 City _____ ST _____ ZIP _____ Church/Group _____

I am a/an:

- Adult Child
 Teen Pastor

Walker # _____

Office use only

Please print all information clearly / Sample pledges: \$20, \$50, \$100, \$500

Make checks payable to Akron Pregnancy Services, 105 E Market St., Suite 213, Akron, OH 44308

	First Name	Last Name	Address	City	ST	ZIP	Pledge	PD
1								
2								
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10								
11								
12								
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17								
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19								
20								

My Goal _____ Total Pledges _____

Amount Collected by Walker _____