

WALKER'S PLEDGE FORM

Walker's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Church/Group _____ My Goal is to raise \$ _____

To participate in the Walk for Life, you must sign the following release:

In consideration of the acceptance of this entry, I waive all claims for myself and my heirs against the Laurel County Life Center for any injury or illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I also give the Laurel County Life Center permission to use photographs of me taken at the Walk for Life and associated events in future event promotion.

Walker Signature

Please be sure to print clearly—Include zip codes & the amount each person is pledging. Thank You!!

Sponsor's Name _____ Email _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Pledge amount: _____ Paid Bill Me Cash Check Online payment

One time gift Donate monthly Check # _____

Sponsor's Name _____ Email _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Pledge amount: _____ Paid Bill Me Cash Check Online payment

One time gift Donate monthly Check # _____

Sponsor's Name _____ Email _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Pledge amount: _____ Paid Bill Me Cash Check Online payment

One time gift Donate monthly Check # _____

Sponsor's Name _____ Email _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Pledge amount: _____ Paid Bill Me Cash Check Online payment

One time gift Donate monthly Check # _____

You can also give online @ www.lclifecenter.org

*****OFFICE USE ONLY*****

To be Billed _____ Paid Cash _____ Paid Check _____ Online Payment _____ **Total Amount Pledged** _____

Sponsor's Name _____ Email _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Pledge amount: _____ Paid Bill Me Cash Check Online payment
 One time gift Donate monthly Check # _____

Sponsor's Name _____ Email _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Pledge amount: _____ Paid Bill Me Cash Check Online payment
 One time gift Donate monthly Check # _____

Sponsor's Name _____ Email _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

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Mailing Address _____

City _____ State _____ Zip _____

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 One time gift Donate monthly Check # _____

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Mailing Address _____

City _____ State _____ Zip _____

Pledge amount: _____ Paid Bill Me Cash Check Online payment
 One time gift Donate monthly Check # _____

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Mailing Address _____

City _____ State _____ Zip _____

Pledge amount: _____ Paid Bill Me Cash Check Online payment
 One time gift Donate monthly Check # _____