



WALK, RUN, CYCLE, HIKE FOR LIFE SPONSOR PLEDGE FORM

My goal is \$ _____

Name: _____ Team Name: _____

City: _____ State: _____

Phone: _____ Email: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____ Pledge Amount: _____

Amount: \$15 \$25 \$50 \$75 \$100 Other: _____ Paid by: Cash Check Online Bill Me

I would like to be added to the Foothill Pregnancy Center mailing list.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____ Pledge Amount: _____

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