

stand fast for life



**Participant Info**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Participant  
Sponsorship Form**

*Please print neatly!*

Name _____ Address _____ City _____ State _____ Zip _____ Pledge Amount: _____ \$10 \$20 \$30 \$40 \$50 \$100 \$200 Other Cash _____ Check _____ Please make checks payable to: <b>HOPE Pregnancy Resource Center</b>	Name _____ Address _____ City _____ State _____ Zip _____ Pledge Amount: _____ \$10 \$20 \$30 \$40 \$50 \$100 \$200 Other Cash _____ Check _____ Please make checks payable to: <b>HOPE Pregnancy Resource Center</b>
Name _____ Address _____ City _____ State _____ Zip _____ Pledge Amount: _____ \$10 \$20 \$30 \$40 \$50 \$100 \$200 Other Cash _____ Check _____ Please make checks payable to: <b>HOPE Pregnancy Resource Center</b>	Name _____ Address _____ City _____ State _____ Zip _____ Pledge Amount: _____ \$10 \$20 \$30 \$40 \$50 \$100 \$200 Other Cash _____ Check _____ Please make checks payable to: <b>HOPE Pregnancy Resource Center</b>
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*Thank you for going the distance for life!!!*