

OFFERING LIFE-PRESERVING HOPE

Paid in FULL- All money COLLECTED

Walker's Name _____

Walker's Address _____

Walker's Phone _____

Church Walker Attends _____

My Goal Is:

\$ _____

Please PRINT Information
including zip codes
& indicate the total donation.

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$25 \$50 \$100 Other \$ _____ Cash/Check

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$25 \$50 \$100 Other \$ _____ Cash/Check

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$25 \$50 \$100 Other \$ _____ Cash/Check

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 \$10 \$25 \$50 \$100 Other \$ _____ Cash/Check

TOTAL from THIS SIDE \$ _____ + TOTAL from BACK \$ _____ = TOTAL COLLECTED = \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$25 \$50 \$100 Other \$ _____ Cash/Check

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Address _____
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Address _____
City _____ State _____ ZIP _____
 \$10 \$25 \$50 \$100 Other \$ _____ Cash/Check

TOTAL from BACK \$ _____