

OFFERING LIFE-PRESERVING HOPE

TO BE BILLED PLEDGES OF \$10 OR MORE

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 \$15 \$25 \$50 \$100 Other \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
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City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

TOTAL from THIS SIDE \$ _____ + TOTAL from BACK \$ _____ = TOTAL to be BILLED = \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

Name _____
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Address _____
City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

Name _____
Address _____
City _____ State _____ ZIP _____
 \$10 \$15 \$25 \$50 \$100 Other \$ _____

TOTAL from BACK \$ _____