

SPONSORSHIP FORM



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Address: _____

City, State, & Zip: _____

Phone #: _____

Email: _____

Church Name: _____

Team Name if applicable: _____

First _____

Last _____

Address _____

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Phone _____

Email _____

☐\$25 ☐\$50 ☐\$75 ☐\$100 ☐Other \$ _____

☐Cash ☐Check# _____

First _____

Last _____

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City _____ ST _____ Zip _____

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City _____ ST _____ Zip _____

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☐\$25 ☐\$50 ☐\$75 ☐\$100 ☐Other \$ _____

☐Cash ☐Check# _____

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Make checks payable to Assist Pregnancy Center
Address: 5101-D Backlick Road, Annandale, VA 22003