

Pregnancy Center Run Baby Run sponsorship form

Aug. 20 @ UTMC

My Goal Is:

- ☐ \$ 240
- ☐ \$ 500
- ☐ \$ 1,000
- ☐ \$ 1,500
- ☐ \$ _____

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone #: _____

Paid <input type="checkbox"/>	First	Last	
	Address		Apt#
	City	St	Zip Code
	Amount: \$ _____		

Paid <input type="checkbox"/>	First	Last	
	Address		Apt#
	City	St	Zip Code
	Amount: \$ _____		

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	Address		Apt#
	City	St	Zip Code
	Amount: \$ _____		

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	Amount: \$ _____		

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	City	St	Zip Code
	Amount: \$ _____		

Please remember Zip Codes

Total pledges on this sheet \$ _____