





Saturday, August 27, 2022

I am a(n): ☐ Adult (18+) ☐ Youth (11-17) ☐ Child (0-10)

My personal goal is \$ _____

Participating in:
Walk 5K Fun Run

Name			
This is a new address, please update my account.			
Address			
City State	e Zip		
Phone			
Email			
(for email communication from PV	NC only)		
Church			
	be at the center (by the fountain		
of English Landing Park: 8	8701 McAfee St. Parkville, MO.		
PLEASE PRINT C	CLEARLY! Make checks		
	Phone <u>816-456-7890</u> N		
Address 123 Main Street			
City Parkville Email iane.doe@email.com	State MO Zip 64151 Ci		
(For email communication from PW			
Pledge: \$100 \$50 \$25 Other \$	Paid Check # PI		
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Name			
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Name	Phone Na		
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City Email	StateZipCi		
(For email communication from PWC o			
Pledge: \$100 \$50 \$25 Other \$			
(Do not include pledges or donations recorded online) (Do			

ARE YOU PART OF A TEAM?

A team consists of three of more fundraisers. Each fundraiser must have their own pledge sheet and/or online fundraising page.

Team Name _____

FUNDRAISE ONLINE!

- 1. Go online to PWC4life.us/walk
- Click the 'register' link and follow the prompts.
- 3. Create your own fundraising page, use social media and email - ask everyone you to know sponsor you!

All contributions are tax deductible. PWC is a 501(c)(3) non-profit ministry.



1/4 Mile Walk or walk the 5k route!



5K Fun Run this is selftimed!



CAMPAIGN

Supporting PWC is easy! Learn more at PWC4life.us/walk

s payable to: Parkville Women's Clinic

Name		
City		
Email		
(For email communication from PWC only) Pledge: \$100 \$50 \$25 Other \$ (Do not include pledges or donations record	□ Paid Check #	
Name	Phone	
Address		
City	StateZip	
Email		
(For email communication from PWC only)	□ Bill Me □ Paid Cash	
Pledge: \$100 \$50 \$25 Other \$	□ Paid Check #	
(Do not include pledges or donations recorded online)		
Name		
Address		
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Email		
(For email communication from PWC only)	□ Bill Me □ Paid Cash	
Pledge: \$100 \$50 \$25 Other \$	□ Paid Check #	
(Do not include pledges or donations record	ded online)	

PLEASE PRINT CLEARLY! | Make checks payable to: Parkville Women's Clinic Name Jane Doe Phone 816-456-7890 Name ___ Phone Address 123 Main Street Address ____ City_Parkville State MO City ____ State Email jane.doe@email.com Email (For email communication from PWC only) Bill Me Paid Cash Pledge: (\$100)\$50 \$25 Other \$ □ Paid Check# (Do not include pledges or donations recorded online) City (For email communication from PWC only) Bill Me Paid Cash (For email communication from PWC only) Bill Me Paid Cash (Do not include pledges or donations recorded online) (Do not include pledges or donations recorded online) Address Address City ___ City Zip Zip___ (For email communication from PWC only) Bill Me Paid Cash (For email communication from PWC only) Bill Me Paid Cash (Do not include pledges or donations recorded online) (Do not include pledges or donations recorded online) Address Address _____ City City Email Email (For email communication from PWC only) Bill Me Paid Cash (For email communication from PWC only) Bill Me Paid Cash Pledge: \$100 \$50 \$25 Other \$_____ □ Paid Check# (Do not include pledges or donations recorded online) (Do not include pledges or donations recorded online) Address Address City ____ (For email communication from PWC only) Bill Me Paid Cash (For email communication from PWC only) Bill Me Paid Cash (Do not include pledges or donations recorded online) (Do not include pledges or donations recorded online) Address ____ Address City_____State City ____ (For email communication from PWC only) Bill Me Paid Cash (For email communication from PWC only) Bill Me Paid Cash Pledge: \$100 \$50 \$25 Other \$_____ □ Paid Check# (Do not include pledges or donations recorded online) (Do not include pledges or donations recorded online)

Address

(For email communication from PWC only) Bill Me Paid Cash

(Do not include pledges or donations recorded online)

Address

_____ State____ Zip___

(For email communication from PWC only) Bill Me Paid Cash

(Do not include pledges or donations recorded online)