

Walk for Life Sponsor Form

For Friends and Relatives Out of Town

Walker's Name: _____

Address: _____

Walker's Phone: _____

Dear _____,

I will be walking in Women's Care Medical Center Annual Walk for Life. I hope you will support me in this two-mile walk by sponsoring me for one of the amounts listed below.

YOUR SUPPORT WILL HELP!

Every dollar raised will go to support the vital work of Women's Care Medical Center. They offer Baldwin County the following services free of charge. If you want to know more, visit www.FriendsofWCMC.org.

- **Pregnancy Testing**
- **Limited Obstetrical Ultrasound**
- **STD Testing**
- **Confidential Counseling**
- **Sexual Risk Avoidance Program**
- **Parenting Classes**
- **Abortion Recovery Program**
- **Adoption Information and Referral**

Serving from locations in Robertsdale, Gulf Shores, Bay Minette and Fairhope.

Please sponsor me by filling in one of the boxes below. You do not have to send any money now, but you may if you wish. Otherwise, a bill will be sent to you for the amount you have pledged.

This is a non-profit organization and depends solely on the support of people like us. Thank you!

Please fill in all the information below and check one of the boxes to indicate your "one time gift." This is not a "per mile pledge." **All gifts are tax deductible.**

Name: _____

Address: _____

Phone Number: _____

Total Pledge of : \$20_____ \$25_____ \$30_____ \$50_____ \$100_____ Other \$_____

Please send this form (and your check if you choose to pay now) to:

Women's Care Medical Center • P.O. Box 1610 • Robertsdale, AL 36567

Thank you for your consideration.