



Walk For Life

Saturday—March 16, 2019



Santee Lakes 9310 Fanita Pkwy—Santee 92071
Registration 8:30 AM—Walk Begins 9:30 AM

"CHOOSE LIFE, SO THAT YOU AND YOUR
CHILDREN MAY LIVE." DEUT 30:19B

V.I.P. (Very Important Points)

- From the 125 & 52 freeways, exit Mission Gorge Road, heading east. Turn left on Carlton Hills Blvd, then left on Carlton Oaks Drive. Turn right on Fanita Parkway. Entrance will be on the left.
- Parking is prepaid for participants. Registration is at the north end of Lake 5 Picnic Structure.
- It's a 2 mile walk (2 laps around the lake). Your sponsors will support you with a single, generous, tax-deductible gift for your participation in the walk instead of being sponsored per mile. If it rains, bring an umbrella—the event will not be cancelled. If you are unable to come to the walk, no problem. You may turn in your form and walk on your own whenever and wherever it is convenient.
- Fill out the form on the back with pledges from your family, friends, coworkers, strangers...OR go to our website www.supportpcc.com and click on the link to register online and create your very own Walk Fund-raising page! (see below)
- Each person raising \$200 in pledges will receive a free Walk t-shirt.
- Each person raising \$500 in pledges will receive a free Pregnancy Care Clinic Sweat Shirt.
- Recruit a sponsored walker, receive a Precious Feet pin and be entered in the raffle drawing for a specialty photo stick thumbdrive that automatically saves your photos and videos from your computer!
- After the walk, stick around for a picnic with your church or team.

The hot dogs are on us!

USE SOCIAL MEDIA TO REACH YOUR GOAL!

Go to our web page www.supportpcc.com and click on the link in the Walk Information announcement. You will be directed to our Walk website and given the opportunity to create your very own web page. Link it to facebook and send out emails to your family and friends asking them to help you reach your goal!

Your support helps! Pregnancy Care Clinic's Annual Walk For Life gives all who care about the protection of unborn babies a chance to show your support in a very real way. Not only is this an opportunity to raise funds for both clinics, it is also a time of fun and fellowship. Through your giving, Pregnancy Care Clinic is able to offer pregnancy testing, ultrasound, parenting and childbirth education, moms support groups, post abortion healing Bible studies and much more, all free of charge!

Pregnancy Care Clinic

677 S. Magnolia Ave—El Cajon, CA 92020 (619) 442-4357
4130 Alpha Street — San Diego, CA 92113 (619) 326-8595
www.supportpcc.com - www.unplannedparenthood.org

SPONSOR PLEDGE FORM

Please PRINT all information *clearly and completely*.

OFFICE USE

INITIAL

DATE

Walker Name _____ Church _____

Address _____ City _____ Zip _____

Phone Number _____ Email _____

☐ Adult ☐ Youth(12-17) ☐ Child(0-11)

MY GOAL IS: ☐ \$100 ☐ \$200 ☐ \$500 ☐ \$1,000 ☐ Other \$ _____

Recruited by _____

WAIVER—By my signature, I hereby release Pregnancy Care Clinic from any claim, liability, or cause of action on account of accident or injury which may occur or arise out of participation by myself or any member of my family in the "Walk For Life".

Adult Signature

Date

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE NUMBER _____

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

☐ BILL ME or PAID ☐ Cash ☐ Check (ck# _____)

For additional copies of this form visit www.supportpcc.com

Total Pledges This Page \$ _____ Total Cash/Checks Attached \$ _____