



**Act Justly
Love Mercy
Walk Humbly
For Life.**

**Prescott Promenade 201 E. Main Street—El Cajon, CA 92020
Saturday March 2, 2024**

- ◆ Registration Begins at 8am
- ◆ Amazing Worship With Recording Artist Michael Sanchez
- ◆ Raise \$200 and receive a free 2024 Walk T-shirt!
- ◆ Annual Walk for Life Hoodies for those who raise \$500!
- ◆ 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 Fundraising page! (see below)
- ◆ **After the walk, stick around for the picnic! (Hot dogs provided—you bring the chips!)**



**LIMITED WALK FOR LIFE
HOODIE RAISING \$500**



**RECORDING ARTIST
MICHAEL SANCHEZ**



USE SOCIAL MEDIA TO REACH YOUR GOAL!

Go to 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 which you can share with family and friends!

Your participation helps Pregnancy Care Clinic give all who care about the protection of unborn babies a chance to show support in a very real way. Through your giving, Pregnancy Care Clinic is able to offer pregnancy testing, ultrasound, STI testing, parenting and childbirth education, moms support groups, After Abortion Healing Bible Studies and much more, all free of charge!

Pregnancy Care Clinic
PO BOX 1265 El Cajon, CA 92022 (619) 442-4357
10201 Mission Gorge Rd Ste G/K Santee, CA 92071
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 _____

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*

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