



Prescott Promenade 201 E. Main Street—El Cajon, CA 92020
Saturday March 7, 2026

- ◆ **Registration Begins at 8am**
- ◆ Worship With Calvary Chapel San Clemente Pastor Holland Davis
- ◆ Raise \$250 earn a 2026 Walk For Life **"FREEDOM for the unborn"** T-shirt!
- ◆ Limited **LANDS' END™** quarter Zipper Fleece Pullovers for raising **\$750!**
- ◆ Fill out the form on the back with pledges from your family, friends, coworkers, strangers OR visit www.supportpcc.com & register online—create your very own Walk Fundraising page!
- ◆ **After the walk, stick around for the picnic! (Hot dogs provided)**



Recruit A Sponsored Walker



Get a raffle ticket for a
\$100 IN-N-OUT GIFT CARD

LIMITED
LANDS' END 
 Quarter Zipper Fleece
Raising \$750

**LET IT RISE 2001 DOVE
 AWARD
 RECORDING ARTIST**
Pastor Holland Davis

Use Social Media To Promote 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

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 offers 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
 10201 Mission Gorge Rd. Ste K1, Santee, CA 92071— (619) 442-4357 Clinic
 1016 Broadway El Cajon, CA 92021 — (619) 442-4357 Administration
 4130 Alpha Street, San Diego, CA 92113 — (619) 326-8595

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*

NAME _____
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE # _____ Email _____
 \$25 \$50 \$75 \$100 Other \$ _____
 BILL ME or PAID Cash Check (ck# _____)

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

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