

# Steps for Life Pledge Form

Please **PRINT**  
all information!

Walker Name: \_\_\_\_\_ Church/Group: \_\_\_\_\_

Address/City/ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**Adult**  **Youth/Child - Parent must sign for persons under 18 years of age.**

WAIVER: By signing below, I hereby release iChoose Pregnancy Support Services from any claim, liability, or cause of action on account of accident or injury which may occur or arise out of participation by me (or my child \_\_\_\_\_) at "Steps for Life."

Adult Signature: \_\_\_\_\_

Email: \_\_\_\_\_

My **GOAL** is:  \$100  \$500  
 \$250  \$1000  \$ \_\_\_\_\_

FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 \$5  \$10  \$25  \$50  \$75  \$100  Other \$ \_\_\_\_\_  
 **PAID**  Cash  Ck# \_\_\_\_\_  Send receipt

FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 \$5  \$10  \$25  \$50  \$75  \$100  Other \$ \_\_\_\_\_  
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**Total pledges on this sheet: \$** \_\_\_\_\_