

**SPONSOR PLEDGE FORM  
WALK FOR LIFE '10**



**Yes! I will join others in our community who are committed to  
WALK FOR LIFE on May 15, 2010 ~ Wallace Brooks Park~9:00 am.**

~We are asking that all walkers pre-register online or by phone in order to help us plan effectively for the number of walkers to expect.~



Walker Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Age group:  Adult  Teen  Child

I release this organization from any liability for this event.

Signed: \_\_\_\_\_

I cannot participate this year. Here is my donation of \$ \_\_\_\_\_ to support another walker.

I will walk on my own and will send my completed Sponsor Pledge Form to:

Life Choice Care Center  
305 South Line Avenue  
Inverness, FL 34452-4619



First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Check \_\_\_\_\_  Cash  Pledge  \$20  \$25  \$50  \$100  Other \_\_\_\_\_

**Please Print Clearly  
\$5 Minimum Pledge, Please**

First: \_\_\_\_\_ Last: \_\_\_\_\_

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~This is a single, tax-deductible donation-not a per-mile pledge.~You may photocopy this form for additional pledge space.~