

walk+run4life

PLEDGE FORM

Saturday, October 23, 2021

Registration/Check-In at 9:00 am

Walk Begins at 9:30 am

Walker's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Church/Organization: _____

PRIZES WILL
BE AWARDED
TO THE TOP RACE
PARTICIPANTS
OF THE EVENT!!

Thank you for your financial support as I participate in the 5th Annual Walk for Life on October 23, 2021. All proceeds from this event will support the ministry of the NEW DAY Pregnancy Care Center. NEW DAY serves women, children, and families in our community by providing confidential support, education, and limited medical care at no cost.

FREE PREGNANCY Services & Support

MEDICAL SERVICES

Pregnancy Testing
Expected Date of Delivery
Limited Ultrasound
Confirmation of Pregnancy

EDUCATIONAL SERVICES

Pregnancy Options
Adoption Information & Referrals
Prenatal & Parenting Resources
Prenatal Care Referrals

SUPPORT SERVICES

Community Resource Referrals
Maternity & Infant Supplies
Spiritual Support
Fatherhood & Family Support

PLEASE RETURN PLEDGE FORM AND COLLECTED MONEY TO THE REGISTRATION TENT ON THE DAY OF THE EVENT OR DROP OFF AT NEW DAY BEFORE 10/23/2021!



If you have any questions or would like additional information please contact us at:

www.newdaypcc.com

(302) 264 - 9087

Pledge Form

PLEASE MAKE CHECKS PAYABLE TO:
NEW DAY PREGNANCY CARE CENTER

My Goal is:

\$250 \$1,000
 \$500 \$1,000 +

Pledged: \$ _____ Collected: \$ _____

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Paid By: Cash Check # _____

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Paid By: Cash Check # _____

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Paid By: Cash Check # _____

Name: _____

Address: _____

City/State/Zip: _____

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Paid By: Cash Check # _____

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Address: _____

City/State/Zip: _____

Email: _____

Paid By: Cash Check # _____

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Paid By: Cash Check # _____

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Paid By: Cash Check # _____

***ALL PERSONAL INFORMATION WILL BE FOR INTERNAL
USE ONLY AND WILL BE PROPERLY DISCARDED***