HENRY COUNTY PREGNANCY CARE CENTER **Walker**: _____

Walk Contributor List **Team/Church Represented**_____

My TAX-DEDUCTIBLE gift amount to support HCPCC for WALK For Life is listed below:

Contributor's Name	Mailing Address	City, State, Zip	Phone	Contribution	Church Name	Paid?
John Q. Sample	123 Your Street	Hometown, IN 12345	765-123-4567	$20-$50-$100		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

(Gifts under $10 need to be collected by the "Walker" and presented with this sheet on the day of the Walk.)
Please print all information and indicate the pledge amount. Turn in this form the day of the Walk.

Total Pledged: $_____

If someone does pay you, check "paid" next to their name and turn their money in with this form.

HCPCC, 415 S. Main St., Suite A, New Castle, IN 47362 765-529-7298

Total Collected: $_____

FREE T-SHIRTS GIVEN TO ADULTS FOR PLEDGES OF $30 OR MORE & TO CHILDREN 12 & UNDER FOR PLEDGES OF $5