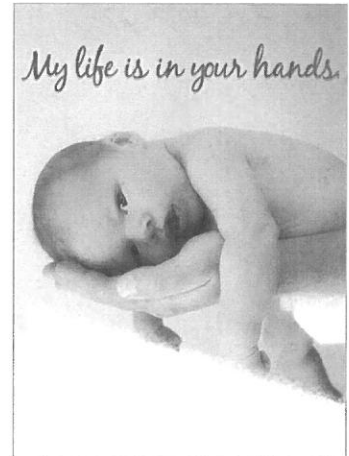


Foundations of Life Pregnancy Center

A Ministry of Catholic Charities, DOSP

WALK FOR LIFE 2013



DATE: Saturday, March 23, 2013

TIME: Registration - 10:00 a.m.
Walk Begins - 11:00 a.m.

PLACE: St. Lawrence Catholic School Track,
Tampa (corner of Himes and Hillsborough Avenues)

Walk For Life With Us—Make A Difference!

*Your support helps Foundations of Life assist women
and families in unplanned or “crisis”
pregnancies to choose life!*

You can help be the voice of a pre-born child!

*Show your support by walking, sponsoring a walker,
or sending a donation.*

Registration is FREE!

**Free Tee shirt with above graphic for each walker with pledges over \$10.00
Come for a fun family day at the park and support life.**

Pre-Register today!!! It's As Easy As 1, 2, 3...

- 1. Call, mail, or fax your Pre-Registration to Foundations of Life**
- 2. Sign up Sponsors to pledge donations for your walk**
- 3. Turn in Pledge Form and donations at the Walk**

Foundations of Life Pregnancy Center

2021 East Busch Blvd., Tampa, FL 33612

Ph: 813-631-4398 Fax: 813-631-4399

Email: folhillsborough@ccdosp.org Web site: www.foundationsoflife.org

Foundations of Life Pregnancy Center

Walk For Life 2013 Sponsor Pledge Form

My Goal is:

\$ 100

\$ 150

\$ 250

\$ 500

\$ 1,000

Walker's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Church or Group: _____

I am an/a: Adult Teen Child Pastor/Priest

Under 18 – Parent's signature: _____

I release this organization from any liability for this event

Please Print – Indicate amount of donation

<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>	<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>
<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>	<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>
<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>	<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>
<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>	<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>
<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>	<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>
<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>	<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>
<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>	<p>First _____ Last _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____ Phone _____</p> <p>Email _____</p> <p><input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Bill Me <input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check</p>

Donations to Catholic Charities are tax deductible to the fullest extent of the law. Catholic Charities is a non-profit 501(c)3 organization. A copy of the official registration and financial information may be obtained from the FL. Dept. of Agr. & Consumer Services by calling 1-800-435-7352. Registration does not imply endorsement, approval or recommendation by the state.

Total Pledges \$ _____

Make Checks Payable to: Catholic Charities, DOSP

Foundations of Life Pregnancy Center
 2021 East Busch Boulevard, Tampa, FL 33612
 Phone: 813-631-4398 Email: folhillsborough@ccdosp.org

