

# Foundations of Life Pregnancy Center

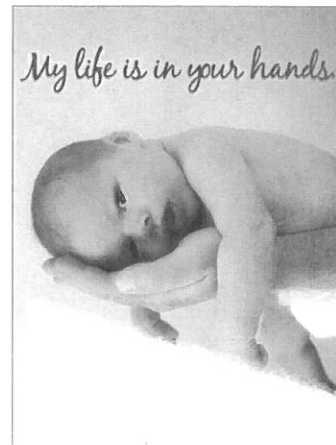
A Ministry of Catholic Charities, DOSP

## *WALK FOR LIFE 2013*

**DATE:** Saturday, March 2, 2013

**TIME:** Registration - 9:00 am  
Walk - 10:00 am

**PLACE:** St. Joan of Arc Catholic Church  
13485 Spring Hill Dr.



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### **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.*

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**Registration is FREE!**

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

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***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  
8370 Forest Oaks Blvd, Spring Hill, FL 34606**

**Ph: 352-686-9897 Fax: 352-686-1475**

**[www.foundationsoflife.org](http://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>
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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**  
 8370 Forest Oaks Blvd., Spring Hill, FL 34606  
 Phone: 352-686-9897 Email: folhernando@ccdospp.org

