



*Together
for Life*

**Crossroads
Pregnancy Center**

Walk for Life

Saturday, October 9, 2021

**Calvary Chapel • 1900 N. Douty St. • Hanford
Registration: 8:00 am • Walk Begins: 9:00 am**

Sponsor Pledge Form

My Goal _____ **Total Pledges** _____

Walker's Name _____

I am : Adult Teen Child

Address _____

City _____

ST _____ Zip _____

Phone _____

Church/Group _____

Email _____

Reach \$150 in pledges and get a FREE T-Shirt and Grocery Tote!



For Participants: Complimentary tacos and refreshments after the Walk



Questions?
559.583.1900
or scan the code

No need to collect money. We handle the billing for anyone that is unable to pay at the time of their pledge (\$10 minimum for us to bill, please)!

Crossroads Pregnancy Center
206 W. Lacey Blvd., Suite A
Hanford, CA 93230
CrossroadsCPC.com

Please print all information clearly. Make check payable to Crossroads Pregnancy Center.

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			

Please Print Clearly!

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

First		Last	
Address			
City	ST	Zip	Phone
Email			
<input type="checkbox"/> PAID <input type="checkbox"/> BILL ME <input type="checkbox"/> PAID ONLINE <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____			

Crossroads Pregnancy Center

206 W. Lacey Blvd., Suite A
Hanford, CA 93230



October 9, 2021

Calvary Chapel • 1900 N. Douty St. • Hanford
Registration: 8:00 am • Walk Begins: 9:00 am

It's easy!

- Collect no money!
- 2.5 mile round trip walk (from Calvary Chapel to the Center and back)
- Come rain or shine.
- Free T-shirt & Grocery Tote for \$150 in pledges!
- Walk on your own if you can't join us.

Step 1: Register online, by mail or download a PDF of the pledge form from our website at www.crossroadscpc.com/walk-for-life/

Step 2: Ask EVERYONE you know to sponsor you. You will be amazed how many will say YES!

Step 3: Please be sure all names and addresses are complete and easy to read. Bring your completed Pledge Form(s) the day of the Walk (or walk on your own and mail it in). Don't collect any money. We'll handle the billing.



Questions?

559-583-1900 or crossroadscpc.com



Our Mission

Your support helps provide accurate information and compassionate services to those facing difficult decisions regarding pregnancy related issues.

Our free and confidential services include:

- Pregnancy testing
- Confidential peer counseling
- Parenting classes
- Accurate information on all parenting options
- After abortion support
- 24-hour Helpline: **559-334-3573**
- Healthy relationship education
- Referrals for medical, adoption and community services
- Bible studies