

INDEX# _____

ACCT# _____

Protect the image of God

Gen. 5:1-2

COMPASSCARE
ERASING THE NEED FOR ABORTION

WALK FOR Life 2018



WALKERS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

PHONE _____ CHURCH _____

Age 0-17 18-34 35-49 50-64 65-79 80+

MY GOAL IS \$ _____

FORM TOTAL _____

ONLINE TOTAL _____

TOTAL RAISED _____

OFFICE USE ONLY

(actual received)

Initials	DOW	After
_____	_____	C _____
_____	_____	K _____
_____	_____	B _____
_____	_____	T _____
8878	_____	_____

Please fill out all sponsor information so that CompassCare can send a receipt to your sponsors

FIRST AND LAST NAME				Age <input type="radio"/> 0-17 <input type="radio"/> 18-34 <input type="radio"/> 35-49 <input type="radio"/> 50-64 <input type="radio"/> 65-79 <input type="radio"/> 80+	CASH: \$ _____	CHECK: \$ _____ Date _____ CK# _____	BILL ME: \$ _____ for donations \$10 or more	ACCT#
ADDRESS		E-MAIL						
CITY	STATE	ZIP	PHONE					
FIRST AND LAST NAME				Age <input type="radio"/> 0-17 <input type="radio"/> 18-34 <input type="radio"/> 35-49 <input type="radio"/> 50-64 <input type="radio"/> 65-79 <input type="radio"/> 80+	CASH: \$ _____	CHECK: \$ _____ Date _____ CK# _____	BILL ME: \$ _____ for donations \$10 or more	ACCT#
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CITY	STATE	ZIP	PHONE					
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ADDRESS			E-MAIL		\$ _____	\$ _____	\$ _____	
CITY	STATE	ZIP	PHONE			Date _____ CK# _____	<i>for donations \$10 or more</i>	
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CITY	STATE	ZIP	PHONE			Date _____ CK# _____	<i>for donations \$10 or more</i>	
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CITY	STATE	ZIP	PHONE			Date _____ CK# _____	<i>for donations \$10 or more</i>	
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ADDRESS			E-MAIL		\$ _____	\$ _____	\$ _____	
CITY	STATE	ZIP	PHONE			Date _____ CK# _____	<i>for donations \$10 or more</i>	
FIRST AND LAST NAME				I am <input type="radio"/> 0-17 <input type="radio"/> 18-34 <input type="radio"/> 35-49 <input type="radio"/> 50-64 <input type="radio"/> 65-79 <input type="radio"/> 80+	CASH:	CHECK:	BILL ME:	ACCT#
ADDRESS			E-MAIL		\$ _____	\$ _____	\$ _____	
CITY	STATE	ZIP	PHONE			Date _____ CK# _____	<i>for donations \$10 or more</i>	
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ADDRESS			E-MAIL		\$ _____	\$ _____	\$ _____	
CITY	STATE	ZIP	PHONE			Date _____ CK# _____	<i>for donations \$10 or more</i>	

GRAND TOTAL:	TOTAL:	TOTAL:	TOTAL:	Pg. _____
\$ _____	\$ _____	\$ _____	\$ _____	of _____
OFFICE USE ONLY (total listed on form)				