

# SPONSORSHIP FORM



ASSIST PREGNANCY CENTER

**WALK RUN RIDE FOR LIFE**

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Church Name: \_\_\_\_\_

Team Name if applicable: \_\_\_\_\_

First \_\_\_\_\_

Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\$25 \$50 \$75 \$100 Other \$ \_\_\_\_\_

Cash Check# \_\_\_\_\_

First \_\_\_\_\_

Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\$25 \$50 \$75 \$100 Other \$ \_\_\_\_\_

Cash Check# \_\_\_\_\_

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Last \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

Email \_\_\_\_\_

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Email \_\_\_\_\_

\$25 \$50 \$75 \$100 Other \$ \_\_\_\_\_

Cash Check# \_\_\_\_\_

### OFFICE USE ONLY

PP \_\_\_\_\_  
Cash \$ \_\_\_\_\_  
Checks \_\_\_\_\_  
Total \_\_\_\_\_

Download additional forms at [www.assistpartners.org](http://www.assistpartners.org)  
Make checks payable to Assist Pregnancy Center  
Address: 5101-D Backlick Road, Annandale, VA 22003