

SPONSORSHIP FORM

For offline cash or
check gifts.

Pregnancy Clinic's Walk and 5k Run for Life

PARTICIPANT NAME _____	TEAM NAME (if applicable) _____
EMAIL _____	PHONE _____

Name _____ Address _____ City _____ St _____ Zip _____ Phone _____ Email _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Entered as Offline Gift in FundEasy	Name _____ Address _____ City _____ St _____ Zip _____ Phone _____ Email _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Entered as Offline Gift in FundEasy
Name _____ Address _____ City _____ St _____ Zip _____ Phone _____ Email _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Entered as Offline Gift in FundEasy	Name _____ Address _____ City _____ St _____ Zip _____ Phone _____ Email _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Entered as Offline Gift in FundEasy
Name _____ Address _____ City _____ St _____ Zip _____ Phone _____ Email _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Entered as Offline Gift in FundEasy	Name _____ Address _____ City _____ St _____ Zip _____ Phone _____ Email _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Entered as Offline Gift in FundEasy
Name _____ Address _____ City _____ St _____ Zip _____ Phone _____ Email _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Entered as Offline Gift in FundEasy	Name _____ Address _____ City _____ St _____ Zip _____ Phone _____ Email _____ Amount: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Entered as Offline Gift in FundEasy

Download additional forms at www.walkandrun.org.

Make checks payable to Pregnancy Clinic, 934 West St., Annapolis MD, 21401.