



715 E Buchtel Ave
Akron, OH 44305
330-434-2221

Walk Sponsor Pledge Form

Walker's Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Church/Group _____

www.akronpregnancyservices.com/walk-for-life-2022/

Cash & checks preferred. Make checks payable to Akron Pregnancy Services.

1	Last Name	First Name	Address	City	State	Zip	Bill me	Pledge	Pd.
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

My Goal _____ Total Pledges _____

Amount Collected by Walker _____