



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

Walk for Life Pledge Form

Walker's Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Church/Group _____

www.akronpregnancyservices.com/walk-for-life-2023/

Cash & checks preferred. Bill me option available for amounts over \$20. Make checks payable to Akron Pregnancy Services.

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

My Goal _____ Total Pledges _____

Amount Collected by Walker _____