



## Walk for Life Pledge Form- CASH, CHECKS, and BILL ME ONLY

Walker's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Church/Group \_\_\_\_\_

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

[www.akronpregnancyservices.com/walk-for-life-2026/](http://www.akronpregnancyservices.com/walk-for-life-2026/)

Pledge form due to APS by May 16<sup>th</sup>, 2026

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

First Name	Last Name	Address (fill in full information)	City	State	Zip	Amount	BILL ME	CASH or CHECK #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

APS USE ONLY: Entered on FUND EASY \_\_\_\_\_ MARKED AS RECEIVED \_\_\_\_\_