*Life*WALK SPONSOR SHEET

My goal is: _____

($100 = FREE T-shirt)

Total Pledges:

_____

Total Collected:

_____

Walker's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Walker's Phone: _____

E-mail Address: _____

Church or Group: _____

Please make checks payable to:

Beginnings Care for Life Center

Sponsor's Name	Sponsor's Address	Zip	Pledge Amount	Paid X	Add to Mail List? Yes/No	Receipt Needed? Yes/No