WALK 4 LIFE 2018



Join us for an easy, 1.5 mile walk. It's stroller-friendly, so bring the whole family! Enjoy a continental breakfast, music, face painting, entertainment, and more! Need more forms? Download forms or fundraise online at iWalk4Life.org.

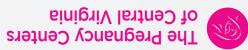
| Culpeper April 21                        | Orange April <b>21</b>                         | Cville April 28  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
| Culpeper Baptist Church                  | Christ Anglican Fellowship                     | First Baptist Church   |  |  |  |  |  |  |  |  |
| • 318 S. West Street                     | • 153 E. Main Street                           | • 735 Park Street  |  |  |  |  |  |  |  |  |
| Parking in church lot.                   | Parking by Mario's Pizzeria<br>or Train Depot. | From 250 Bypass, exit<br>Southbound onto Park Street.<br>Turn right into church drive,<br>Fellowship Hall at back. |  |  |  |  |  |  |  |  |
| Questions? 540.727.0800                  | Questions? 540.661.0099                        | 0.661.0099 Questions? 434.979.4516   |  |  |  |  |  |  |  |  |
| FOOD & REGISTRATION: 8:30AM WALK: 9:00AM |  |  |  |  |  |  |  |  |  |  |



**#TogetherWeThrive** 

ELECTRONIC SERVICE REQUESTED

Charlottesville, Virginia 22901 1416 Greenbrier Place



CVILLE 4.28.18 **MALK 4 LIFE 2018** 0 R A N G E 4.21.18 CULPEPER 4.21.18

Permit No. 412 Charlottesville, VA **CIA9** egetsog .2.U Non Profit Org.







# WALK 4 LIFE 2018

**CULPEPER 4.21.18 ORANGE 4.21.18 CVILLE 4.28.18** 

IWALK4LIFE.ORG

2018 Fundraising Form

## WALK 4 LIFE 2018

## iWalk4Life.org

### **START HERE**

Thank you for walking with us! Your efforts will save lives. It's easy! Let's get started...

| Please bring this completed f<br>OR fundraise onli   | form to the Walk and v<br>ine at iWalk4Life.org | vrite legibly.  |  |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|--|
| FIRST NAME   | LAST NAME                                       | TNAME   |  |  |  |  |  |  |  |
| ADDRESS  | CITY  |   |  |  |  |  |  |  |  |
| CHURCH   | STATE   | ZIP   |  |  |  |  |  |  |  |
| EMAIL  | PHONE   |   |  |  |  |  |  |  |  |
| I plan to walk in: □ Charlottesville □ Cul<br>Have you walked with us before? □ Yes □<br>I am: □ Adult □ Teen □ Child Signat | ⊐ No  | By signing, I release PCCV from any liability for this event. |  |  |  |  |  |  |  |

LIFE

### **HOW TO FUNDRAISE**

- 1. Register at iWalk4Life.org to set up your individual fundraising page. (Prefer paper? That's okay, use the form at right instead.)
- 2. Set your fundraising goal—aim high! (*Prize quantities are limited.*)
- 3. Ask people in person or by phone to sponsor you. Explain why you support this ministry.
- 4. Be persistent! Gentle reminders are always helpful.
- 5. Light up your social media. Like and share our posts to spread the word!
  - PregnancyCentersOfCentralVirginia #TogetherWeThrive
- 6. If you're not fundraising online, fill this form out completely & write legibly.
- 7. Walk with us! Event details are on the back cover.

#### Questions? 434.979.4516



| Δ        | FIRST NAME |  |                  |                   |       | LAS               | ST NA             | ME                 |        |            |               |            | FIRST NAME  |                  |                  |                   |  | LA              | ST N              | IAME    |              |                         |              |        |
|----------|------------|--|------------------|-------------------|-------|-------------------|-------------------|--------------------|--------|------------|---------------|------------|---|------------------|------------------|-------------------|--|-----------------|-------------------|---------|--------------|-------------------------|--------------|--------|
|          |            | \$25   | <sup>\$</sup> 50 | <sup>\$</sup> 100 | \$250 | 0 \$5             | 500 <sup>\$</sup> | <sup>5</sup> 1,000 |        | Amount: \$ |               |            |   | <sup>\$</sup> 25 | <sup>\$</sup> 50 | <sup>\$</sup> 100 | \$25                                     | 0 <sup>\$</sup> | 500               | \$1,00  | )0           | Amo                     | unt: \$      | _      |
| ME       | ADDRESS    |  |                  |                   |       |                   |                   |                    |        |            |               | Ш          | ADDRESS   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
|          | CITY       |  |                  |                   |       | STA               | λΤΕ               |                    |        | ZIP        |               |            | CITY  |                  |                  |                   |  | ST              | ATE               |         |              |                         | ZIP          |        |
|          |            | SUBS   | CRIBE            | TO:               |       | NEWS              | SLETT             | TER / EN           | MAIL   | □ NEWSLET  | TER / MAIL    | _          |   | SUBS             | CRIB             | E TO:             |  | NEW             | /SLE              | TTER    | / EMAII      | . 🗆 NE                  | WSLETTER / N | ЛАIL   |
|          | FIRST NAME |  |                  |                   |       | LAS               | ST NA             | ME                 |        |            |               |            | FIRST NAME  |                  |                  |                   |  | LAS             |                   | IAME    |              |                         |              |        |
| PAID     |            |  |                  |                   |       |                   |                   |                    |        |            |               | PAID       |   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
|          | ADDRESS    | \$25   | <sup>\$</sup> 50 | \$100             | \$25( | 0 \$5             | 00 <sup>\$</sup>  | <sup>5</sup> 1,000 |        | Amount: \$ |               |            | ADDRESS   | <sup>\$</sup> 25 | <sup>\$</sup> 50 | \$100             | \$25                                     | 0 <sup>\$</sup> | 500               | \$1,00  | 00           | Amo                     | unt: \$      |        |
| LME      | ADDRESS    |  |                  |                   |       |                   |                   |                    |        |            |               | LME        | ADDRESS   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
|          | CITY       |  |                  |                   |       | STA               | ΤE                |                    |        | ZIP        |               |            | CITY  |                  |                  |                   |  | ST              | ATE               |         |              |                         | ZIP          |        |
|          |            | SUBSCRIBE TO: DENEWSLETTER / EMAIL NEWSLETTER / MAIL |                  |                   |       |                   |                   |                    |        |            |               | SUBS       | CRIB  | E TO:            | DE               | NEW               | /SLE <sup>-</sup>                        | TTER            | / EMAII           |         | WSLETTER / N | ЛАIL                    |              |        |
|          | FIRST NAME |  |                  |                   |       | LAST NA           |                   | AME                |        |            |               | FIRST NAME |   |                  |                  |                   | LA                                       | ST N            | IAME              |         |              |                         |              |        |
| PAID     |            |  |                  |                   |       |                   |                   |                    |        |            |               | PAID       |   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
|          | ADDRESS    | <sup>\$</sup> 25                                     | \$50             | \$100             | \$250 | 0 \$5             | i00 <sup>\$</sup> | 1,000              |        | Amount: \$ |               |            | ADDRESS   | \$25             | \$50             | \$100             | \$25                                     | 0 <sup>\$</sup> | 500               | \$1,00  | 00           | Amo                     | unt: \$      |        |
| L ME     |            |  |                  |                   |       |                   |                   |                    |        |            |               | L ME       |   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
|          | CITY       |  |                  |                   |       | STA               | <b>\TE</b>        |                    |        | ZIP        |               |            | CITY  |                  |                  |                   |  | ST              | ATE               |         |              |                         | ZIP          |        |
|          |            | SUBS   | CRIBE            | TO:               |       | NEWS              | EWSLETT           | TER / EMAIL        | MAIL   | □ NEWSLETT |               |            |   | SUBS             | CRIB             | E TO:             | DE                                       | NEW             | VSLE <sup>-</sup> | TTER    | / EMAII      | . 🗆 NE                  | WSLETTER / N | ЛАIL   |
|          | FIRST NAME |  |                  |                   |       | LAS               | ST NA             | ME                 |        |            |               | 0          | FIRST NAME  |                  |                  |                   |  | LA              | ST N              | IAME    |              |                         |              |        |
| PAID     |            | \$2E   | SE0              | \$100             | \$250 |                   |                   | 1 000              |        | Amount: \$ |               | PAID       |   | \$2E             | \$50             | \$100             | \$25                                     |                 | 500               | \$1.00  | 0            | Amo                     | unt:¢        |        |
|          | ADDRESS    | .72  | .20              | 100               | -250  | J 'S'             |                   | 1,000              |        | Amount     |               | ME         | ADDRESS   | -25              | .20              | 100               | .72                                      | 0               | 500               | 1,00    | )0           | AIIIO                   | unit. ⊅      |        |
| BILL ME  | CITY       |  |                  |                   |       | CT A              |                   |                    |        | ZIP        |               | BILL M     | CITY  |                  |                  |                   |  | CT              |                   |         |              |                         | ZIP          |        |
|          |            |  |                  |                   |       |                   |                   |                    |        |            |               |            |   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
|          |            |  |                  |                   |       |                   |                   |                    | MAIL   | □ NEWSLET  | TER / MAIL    |            | SUBSCRIBE TO: ENEWSLETTER / EM/<br>FIRST NAME LAST NAME |                  |                  |                   |  |                 |                   |         |              | AIL D NEWSLETTER / MAIL |              |        |
| Ω        | FIRST NAME |  |                  |                   |       | LAS               | 31 NA             | IVIE               |        |            |               | Ω          | FIRST NAME  |                  |                  |                   |  | LA              | SIN               | IAIVIE  |              |                         |              |        |
|          |            | \$25   | <sup>\$</sup> 50 | <sup>\$</sup> 100 | \$25( | 0 \$5             | 500 <sup>s</sup>  | <sup>5</sup> 1,000 |        | Amount: \$ |               |            |   | <sup>\$</sup> 25 | <sup>\$</sup> 50 | <sup>\$</sup> 100 | \$25                                     | 0 <sup>\$</sup> | 500               | \$1,00  | )0           | Amo                     | unt: \$      |        |
| ME       | ADDRESS    |  |                  |                   |       |                   |                   |                    |        |            |               | ME         | ADDRESS   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
| BILL     | CITY       |  |                  |                   |       | STA               | ATE               |                    |        | ZIP        |               | BILL       | CITY  |                  |                  |                   |  | ST              | ATE               |         |              |                         | ZIP          |        |
|          |            | CLIDC  |                  |                   |       |                   |                   |                    |        |            |               |            |   |                  |                  |                   | TO: C ENEWSLETTER / EMAIL NEWSLETTER / M |                 |                   |         |              |                         |              |        |
|          | FIRST NAME | 20B2   | CRIBE            | : 10:             |       |                   | SLETT<br>ST NA    |                    | VIAIL  |            | TER / MAIL    |            | FIRST NAME  | 20R2             | CRIB             | = 10:             |  |                 |                   | ITER /  |              | . LI NE                 | WSLEITER / N | /IAIL  |
| PAID     |            |  |                  |                   |       |                   |                   |                    |        |            |               | PAID       |   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
| ⊿<br>⊿   |            | <sup>\$</sup> 25                                     | <sup>\$</sup> 50 | <sup>\$</sup> 100 | \$25( | 0 <sup>\$</sup> 5 | i00 <sup>s</sup>  | <sup>5</sup> 1,000 |        | Amount: \$ |               |            |   | <sup>\$</sup> 25 | <sup>\$</sup> 50 | <sup>\$</sup> 100 | \$25                                     | 0 <sup>\$</sup> | 500               | \$1,00  | 00           | Amo                     | unt: \$      | _      |
| ME       | ADDRESS    |  |                  |                   |       |                   |                   |                    |        |            |               | ШE         | ADDRESS   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
| BILL     | CITY       |  |                  |                   |       | STA               | <b>TE</b>         |                    |        | ZIP        |               | BILL       | CITY  |                  |                  |                   |  | ST              | ATE               |         |              |                         | ZIP          |        |
|          |            | CLIDC  | CDIDE            | TO                |       |                   | CI ET1            |                    |        | □ NEWSLET  |               |            |   | CLIDO            | CDID             | = το·             |  |                 |                   | TTED    | / EN/AU      |                         | WSLETTER / N | 4.4.11 |
|          | FIRST NAME | 3083   | CRIDE            | 10.               |       |                   | SLETT<br>ST NA    |                    | vi/\IL |            | ILIX / IVIAIL |            | FIRST NAME  |                  | CRID             | 10.               |  |                 |                   | I TER / |              |                         | WJLEIIEK / N | n/AIL  |
| PAID     |            |  |                  |                   |       |                   |                   |                    |        |            |               | PAID       |   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
| <b>P</b> |            | <sup>\$</sup> 25                                     | <sup>\$</sup> 50 | \$100             | \$25( | 0 <sup>\$</sup> 5 | ;00 <sup>\$</sup> | 1,000              |        | Amount: \$ |               |            |   | <sup>\$</sup> 25 | <sup>\$</sup> 50 | \$100             | \$25                                     | 0 <sup>\$</sup> | 500               | \$1,00  | 00           | Amo                     | unt: \$      | _      |
| ME       | ADDRESS    |  |                  |                   |       |                   |                   |                    |        |            |               | ME         | ADDRESS   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |
| I BILL   | CITY       |  |                  |                   |       | STA               | TE                |                    |        | ZIP        |               | I BILL     | CITY  |                  |                  |                   |  | ST              | ATE               |         |              |                         | ZIP          |        |
|          |            |  |                  |                   |       |                   |                   |                    |        |            |               |            |   |                  |                  |                   |  |                 |                   |         |              |                         |              |        |

#### **OFFICE USE ONLY:**

HELP

THEM

THRIVE

Engagement

Baby Supplies

Mentorship

Gospel

**Bill Me Total: \$** 

Paid Total: \$

# **2018 Fundraising Form**

#### TOTAL **YOU RAISED: \$**

Thank you for printing clearly. You can download this form at iWalk4Life.org

Need more copies of this form? Downloads are available at **iWalk4Life.org**