Pregnancy Care Center
Walk for Life 2026 Pledge Sheet

Please sponsor me!
I am participating in PCC's Walk for Life. My personal fundraising goal is $_______

Name:___________________________________ Phone:______________________________

Email:___________________________________

Make all checks payable to St. Stephens Lutheran Church and designate all donations to the Pregnancy Care Center by September 27.

Name: Phone:	Name: Phone:
Address:	Address:
City: State: Zip:	City: State: Zip:
Email:	Email:
Pledge: $100 $50 $25 $20 $10 Other $_________ Cash ☐ Check ☐ #________ Date:________	Pledge: $100 $50 $25 $20 $10 Other $_________ Cash ☐ Check ☐ #________ Date:________
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