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Voice of Hope

PREGNANCY CENTER

RUN **WALK**

FOR HOPE

5K

4TH ANNUAL

CHECK-IN – 8 A.M.

RACE – 9 A.M.



Saving Lives & Serving Families

SATURDAY, JUNE 10

HARDING HIGH SCHOOL (5K COURSE)

1500 Harding Highway • Marion, OH

RUN WALK FOR HOPE 5K

SATURDAY, JUNE 10

Harding High School – Marion, OH

* Cross Country Course *

Check-In – 8 a.m. / Race Begins – 9 a.m.

Prizes & Giveaways – 10:30 a.m.

REGISTRATION

\$25 per person

Children 12 and under are free

Early-bird registrants will receive a t-shirt.

No shirts guaranteed after May 26.

Register Today

My personal fundraising goal is \$ _____

Participating in the: 5K Run Walk

Name: _____

Birth Date: (MM/DD/YYYY) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Age: Adult (18+) Youth (13-17) Child (12 and under)

Remember to sponsor yourself!

WALK. You don't have to be athletic to participate! Choose your own pace to complete the two-mile walk. Invite friends and family to join you for some fun in the sun!

RUN. Avid runners are welcome! Go for your personal best or take a jog with your friends. Awards will be presented to the top two participants in each age category.

Supporting The Voice of Hope Pregnancy Center is easy! Fundraise online or by using the sponsor sheet. For more information or to make donations visit:

<https://runsignup.com/Race/OH/Marion/voh5k>

Your Pledge Saves Lives

The 5K Run/Walk provides funds for the Voice of Hope Pregnancy Center to continue offering **free** life-affirming services to more than 1,000 women, men and children in our communities each year.

The free services include:

- Pregnancy Tests
- Pregnancy Options Counseling
- 1st Trimester Ultrasounds
- Baby Clothing & Furnishings
- Prenatal & Parenting Education
- Emergency Baby Supplies
- Maternity Clothing
- Post-Abortion Recovery Bible Study
- Education on Sexual Risk-Avoidance

Fundraise Online

Go online to:

<https://runsignup.com/Race/OH/Marion/voh5k>

Click the "Sign Up" button
and follow the prompts.

Don't forget to ask for sponsors!

Print the form or create your own fundraising page. Ask everyone you know to sponsor you via email or your social networks.

All contributions are tax deductible. Voice of Hope is an extension of Bethel Pro Life Ministries which is a 501(c)(3) non-profit organization.

EVENT SCHEDULE:

5K Check-In – 8 a.m.

Run/Walk Begins – 9 a.m.

Prizes & Give Aways – 10:30 a.m.

REGISTER BY MAY 26

Voice of Hope 5K Run / Walk

My Personal Goal is: \$ _____

I am participating in the 5K Run ___ Walk ___

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Church: _____

Remember to Sponsor Yourself!

Your Pledge Will Save Lives

The Voice of Hope 5K Run / Walk provides funding to continue offering FREE life-affirming services to nearly 1,000 women, men, and children in Crawford, Marion, and Wyandot counties each year! Pregnancy tests & pregnancy options counseling, limited 1st trimester ultrasounds, prenatal & parenting education, newborn/infant & maternity clothing, sexual risk-avoidance education, and post-abortion recovery.

Please Print Clearly and Fill Out Completely

Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____
Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____
Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____

Participant Name: _____ **Personal Goal:** _____

Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____
Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____
Name	Name
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City, St, Zip	City, St, Zip
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Name	Name
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City, St, Zip	City, St, Zip
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Name	Name
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\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____
Name	Name
Address:	Address:
City, St, Zip	City, St, Zip
Cash / Check Check # _____	Cash / Check Check # _____
\$100 \$50 \$25 Other: _____	\$100 \$50 \$25 Other: _____