

Voice of Hope Upper Walk for Life

My Personal Goal is: \$ _____

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Church: _____

Remember to Sponsor Yourself!

Your Pledge Will Save Lives

The Voice of Hope Bucyrus Walk for Life 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 ~ Make Checks Payable to Voice of Hope

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

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