



**YES, I'd like to participate in the
Fall Non-Run Event.**

Pregnancy Service Center

104 W. Elm Salina, KS 67401 • 785-823-1484

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Church: _____

Phone: () _____ - _____

Suggested entry fee per Non-Runner:

- Non-5k - **\$25** Non-½ marathon - **\$50**
 Non-marathon - **\$100** Non ultra-marathon - **\$500**
 Other \$_____

Please accept my credit card donation: (please print)

Card number _____ Exp _____

Total amount \$ _____

Or donate online: www.partnersofpsc.com

Please contact me about:

- Joining the Center's monthly giving program*
 Volunteering *Email Prayer Partner*

***THANK YOU
for your support!***

*Donations to the
Center are tax
deductible to the fullest
extent allowed by law.*

**To order a commemorative Non-Run T-shirt,
please include \$17.00 per shirt**

Select sizes below:

___S ___M ___L ___XL ___XXL