2025 WALK FOR LIFE FUNDRAISING FORM

DO	O NOT INCLUDE ONLINE D	ONATIONS ON THIS FO	RM		Walk	king for: <u>Jackson</u> , <u>Gibson</u>	County, or Mobile	<mark>Units</mark> (Circ	le One)			
WALKER'S NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	CHURCH (CHURCH (Full Name)		Under 18		
	est Jackson Baptist Church from any							(To make sure your church receives recognition!) Make Checks Payable to BIRTHCHOICE				
NAME	my care to be used by Birth Choice ADDRESS	city	STATE		PHONE	EMAIL	BILL ME	CASH	CHECK	CHECK #		
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We promise to honor your generosity by using your gift where it is needed most to help support moms and babies. All contributions are tax deductible.									FOR OFFICE USE ONLY			

Questions? Connect with our Walk for Life team at 731-453-8159 and ask for Tiffany.

Save Lives. Spare Hearts. Share the Gospel.

FOR OFFICE USE ONLY								
BILL ME	CASH	CHECKS	ONLINE					
GRAND TOTAL:								