

WALK FOR LIFE



Non-Profit Organization
U.S. Postage Paid
Lexington, KY
Permit #102

September 15th

Raise as much money as possible! **START NOW!!**

DAY OF THE WALK

- Bring completed "Pledge Form" with any collected pledges.
- Get a Tote Bag for collected pledges totaling \$25 or more.
- Donation of \$5 requested for those without pledges.

POSTER CONTEST

Students (Grades 3-12) can prepare a poster, along with the form to the Walk for Life for a chance to win a prize! Poster must be prepared according to the instructions outlined on the official Poster Contest Form (call 859.272.3920 for form).

WALK WILL OCCUR RAIN OR SHINE

This is a fundraiser for Right to Life of Central KY and KY Right to Life.

2417 Regency Rd., Suite C
Lexington, KY 40503

Return Service Requested

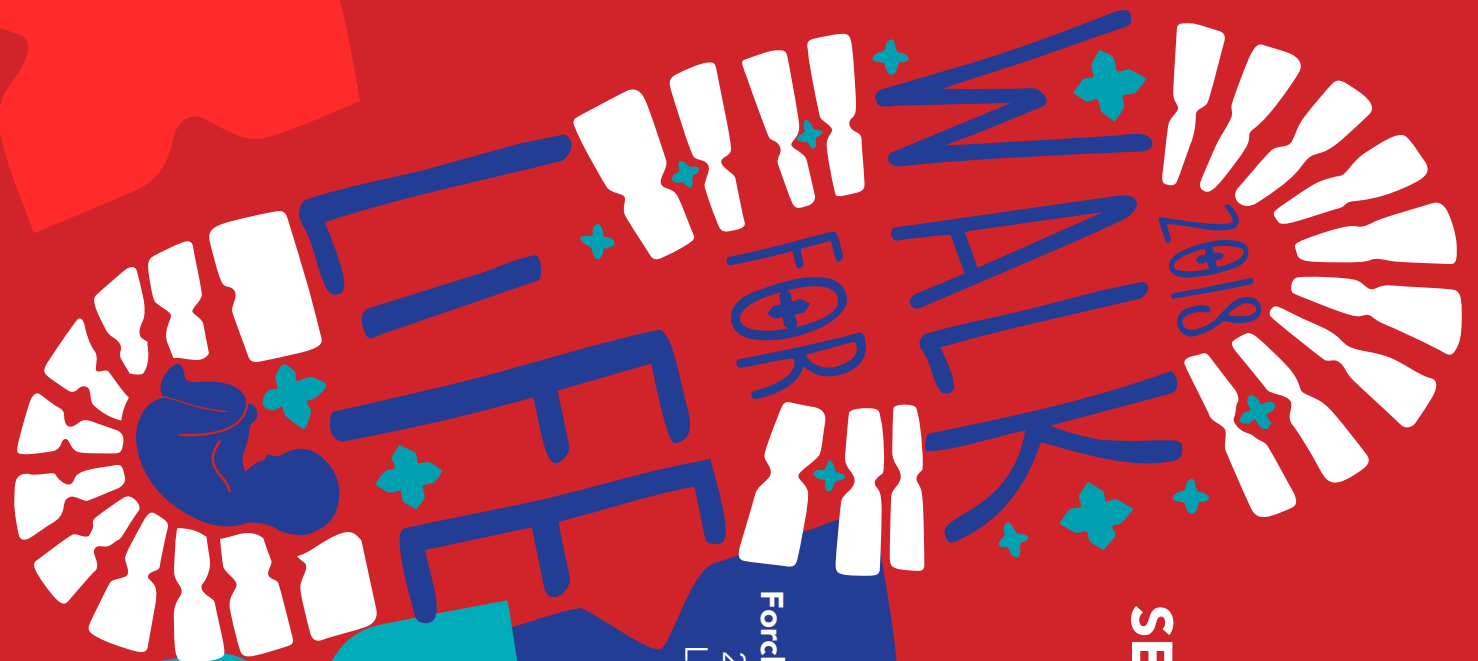
Start **RAISING YOUR PLEDGES** Now!

After the Walk

Collect all outstanding pledges before October 3, 2016 and mail them to:
Right to Life of Central Kentucky, 2417 Regency Rd., Suite C, Lexington, KY 40503.

THIS YEAR'S THEME
*Pro-Woman
& Pro-Life*

******* Prizes will be awarded to the Youth Group and the Adult Group that raises the most money and to the Individual Youth and the Individual Adult that raises the most money.**



Saturday,
SEPTEMBER
15th

NEW LOCATION
Forcht Bank (Hamburg)
2404 Sir Barton Way
Lexington, KY 40509

9:00am
Registration
9:30am
Program & Walk

PLEDGE FORM

This sheet will help you collect your pledges.

Make checks payable to Right to Life of Central Ky



Walker's Name: _____ E-mail: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Church, School or Group: _____ Total Pledges: \$ _____

Name: _____
Address: _____
City _____ State: ____ Zip: _____
Email: _____
Pledge \$25 \$50 \$100 Other _____

Name: _____
Address: _____
City _____ State: ____ Zip: _____
Email: _____
Pledge \$25 \$50 \$100 Other _____

Name: _____
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Pledge \$25 \$50 \$100 Other _____

Name: _____
Address: _____
City _____ State: ____ Zip: _____
Email: _____
Pledge \$25 \$50 \$100 Other _____

Name: _____
Address: _____
City _____ State: ____ Zip: _____
Email: _____
Pledge \$25 \$50 \$100 Other _____

I am: adult teen child Age (optional) _____ School: _____ Church: _____ Group: _____

In consideration of the furthering of your purpose, objective, and work, and in consideration of your permitting me to participate in your Walk, on behalf of my heirs, executors, administrators, and assigns, I hereby waive and release any and all rights and claims for damages which I may have against the Right to Life of Central Kentucky or any of the state Right to Life affiliates of the State of Kentucky, as well as, any other sponsoring group or person connected with the Walk, their heirs, executors, administrators, successors and assigns for any and all injuries or property damage which I (or the below named minor) may suffer while taking part in the Walk or as a result thereof. **Walkers under the age of 18 must have the application signed by a parent or guardian.**

Signed _____ Date _____
ADULT/PARENT/GUARDIAN SIGNATURE