

Please Print Clearly!

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Whittier Pregnancy Care Clinic  
 16147 E. Whittier Blvd.  
 Whittier, CA 90603



# Walk for LIFE

Leaving a Legacy of Life

March 3rd, 2012

Registration 8:30 am - Walk 9:00 am

Whittier Pregnancy Care Clinic



# Sponsor Pledge Form

**My Goal \_\_\_\_\_ Total Pledges \_\_\_\_\_**

Please Print Clearly!

Bring this completed form to the walk. You may photocopy this form for additional pledge space or download a PDF from our website.

Walker's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Church/Group \_\_\_\_\_

Email \_\_\_\_\_

No need to collect money. We handle the billing for anyone that is unable to pay at the time of their pledge (\$5 minimum for us to bill, please)!

**Questions? (562)902-3803**  
[www.wpcc4life.org](http://www.wpcc4life.org)

I am :  Adult  Teen  Child.

Have you walked in a Walk For Life before?  Yes  No

Shirt Size needed (circle one):

Youth: **S M L** Adult: **S M L XL XXL**

I am unable to walk, but will make a donation of \$ \_\_\_\_\_  
 (Please make check payable to WPCC).

In consideration of completing the entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I may have against the Whittier Pregnancy Care Clinic or its Walk for Life activity and all other persons associated with this event or the clinic, its agents, representatives, successors, and assigns for any and all inquiries suffered by me in the said event. Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotape, motion pictures, recordings and any other records of this event for any legitimate purpose.

Signature \_\_\_\_\_  
 First Name M.I. Last Name

Please print all information clearly. Make check payable to WPCC.

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