CASH _____ CHECKS ____ Total Cash & Cks ____ ONLINE ___ To be Billed ____ GRAND TOTAL ____ Counted by ____

WALK/RUN FOR LIFE - PLEASE PRINT

Name					
Street			C	ity	
State_		Zip	Ph: ()	
l am:	Adult	under 18	RU	JNNER	WALKER

Cash & check donations of any amount are accepted

We only bill for pledges of \$20 or more

All donations are tax deductible

Include Donor Name and Address To Receive a Receipt

*And for Online & Bill Me

Please make checks payable to:

Care Net Pregnancy Center of CNY

Name							
Street							
City, State, Zip							
Amt. \$	Check	_ Cash	Online	Bill Me			
Name							
Street							
City, State, Zip							
Amt. \$	Check	_ Cash	Online	Bill Me			
Name							
Street							
City, State, Zip							
Amt. \$	Check	_ Cash	Online	Bill Me			
Name							
Street							
City, State, Zip							
Amt. \$	Check	_ Cash	Online	Bill Me			
Name							
Street							
City, State, Zip							
Amt. \$	Check	_ Cash	Online	Bill Me			

City, State, Zip							
		Bill Me					
Cash	_ Online _	Bill Me					
	_ Online _	Bill Me					
Cash	_ Online _	Bill Me					
		Bill Me					
	Cash	Cash Online Cash Online Cash Online					

Check	Cash	Online	Bill Me			
Check	Cash	Online	Bill Me			
Check	Cash	Online	Bill Me			
1	Cash	Online	Bill Me			
City, State, Zip						
	Cash	Online	Bill Me			
	Check	Check Cash Check Cash Check Cash	Check Cash Online Check Cash Online Check Cash Online Check Cash Online			