

FOR OFFICE USE ONLY

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

WALK/RUN FOR LIFE - PLEASE PRINT

Name _____

Street _____ City _____

State _____ Zip _____ Ph: () _____

I am: Adult ___ under 18 ___ RUNNER ___ WALKER ___

**Include Donor Name
and Address**

To Receive a Receipt

***And for Online & Bill Me**

Cash & check donations of any amount are accepted
We only bill for pledges of \$20 or more
All donations are tax deductible

Please make checks payable to:
Care Net Pregnancy Center of CNY

Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___

Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___

Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___
Name
Street
City, State, Zip
Amt. \$ <input type="text"/> Check ___ Cash ___ Online ___ Bill Me ___