



The Way, Truth & Life Outreach  
 WALLER PREGNANCY CARE CENTER  
 1018 Saunders Street Waller, TX 77484

MAIL COMPLETED PLEDGE FORM TO:  
 WALLER PREGNANCY CARE CENTER  
 P.O. BOX 49  
 WALLER, TX 77484

**// SPONSOR PLEDGE FORM**

**BRING THIS COMPLETED FORM TO THE WALK ON OCTOBER 22ND**

YOU MAY PHOTOCOPY THIS FORM FOR ADDITIONAL SPACE OR CALL FOR ADDITIONAL BROCHURES

- Walk on your own if you can't come on Walk Day and mail your pledge form to Waller Pregnancy Care Center.
- Make your checks payable to Waller Pregnancy Care Center
- You may either use this paper form OR you may register yourself online ([www.wallerpregnancycare.org](http://www.wallerpregnancycare.org))
- Prairie View A&M University Flag Pole at University Drive and Owens Road, Prairie View, TX 77446
- Contact Janet Lemelle 713-870-2473 or Melanie Charleston 281-961-8106 with any questions

Walker's Name	First	Last	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Email		
<input type="text"/>	<input type="text"/>		
Church/School/Group	Total Amount of Pledges		
<input type="text"/>	<input type="text"/>		
I am participating in the walk and am making a donation of	I am unable to walk, but will make a donation of		
\$ <input type="text"/>	\$ <input type="text"/>		

**PAID**

Name

Address  State  Zip

City  Phone

Email

\$10  \$25  \$50  \$100 Other

**PAID**

Name

Address  State  Zip

City  Phone

Email

\$10  \$25  \$50  \$100 Other

**PAID**

Name

Address  State  Zip

City  Phone

Email

\$10  \$25  \$50  \$100 Other

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Address  State  Zip

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**PAID**

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Address  State  Zip

City  Phone

Email

\$10  \$25  \$50  \$100 Other

**PAID**

Name

Address  State  Zip

City  Phone

Email

\$10  \$25  \$50  \$100 Other